



Gary Hinshaw  
Fire Warden

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### Stanislaus County Fire Prevention Bureau Plan Submittal Application

- Required for Submittal:**
- 3 sets of Plans
  - \$110 Deposit for Plan Review (per hour)
  - Completed Application

Submittal Date \_\_\_\_\_

Submitted by \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### CONTRACTOR/DESIGNER/OWNER

Name \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### DESCRIPTION OF WORK

**Resubmittal**  Yes  No

Type of Plans \_\_\_\_\_

Tenant Improvement  Yes  No

Type of System \_\_\_\_\_

Square Footage of Applied Area \_\_\_\_\_ APN # \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### OFFICE USE ONLY

Fire District \_\_\_\_\_

Deposit Paid  Date \_\_\_\_\_

Received By \_\_\_\_\_

Receipt Number \_\_\_\_\_

Assigned To \_\_\_\_\_