



Stanislaus County  
 Sheriff's Office/Office of Fire Warden  
 Fire Prevention Bureau  
 Richard Murdock, Fire Warden  
 Matthew Jenkins, Fire Marshal

1010 10th Street Suite 3538 Modesto, CA 95357  
 Main Number: 209-552-3700 Fax: 209-525-5757  
 E-mail: [fireprevention@stancounty.com](mailto:fireprevention@stancounty.com)  
 Website: <http://www.stanoes.com/fire-prevention.shtm>

## SPRINKLER PLAN SUBMITTAL APPLICATION

**Requirements for submittal: \*\*\*\*Please sign below to agree to the following terms:**

- PDF submissions for suppression plans along with calculations, cut sheets and/or water flow results 5 megabytes or less send via e-mail to: [fireprevention@stancounty.com](mailto:fireprevention@stancounty.com) . Subject Line: Address of project – Name of Project - FS plan submittal
- Links e-mailed for plan review are NOT acceptable.
- Plan/calculations over 5 megabytes submit on a disk, mail or drop off at above address
- \$110 non-refundable deposit for plan review, mail or drop off at above address
- Fee's: \$110.00 per hour for plan check. Inspection fees will vary depending on the project. Residential \$263. Commercial will depend on square footage and the type of suppression inspection.
- Plan submittal application form can be found at the above website under Fire Marshal/Fire Prevention-Quick Links-Forms-Application Form.
- Forms of payment accepted: Checks or cash only. Credit cards are NOT accepted at this time.
- **Inspection fee consists of 2 inspections. Additional inspection will apply after 2nd inspection and will not be scheduled until additional inspection fee is paid in full. Projects not ready for scheduled inspection will be considered a failed inspection.**

Submittal Date: \_\_\_\_\_ Submitted By: \_\_\_\_\_ Company: \_\_\_\_\_

Signature (you agree & understand above requirements): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Billing Address: \_\_\_\_\_

PLAN DESIGNER NAME/COMPANY: \_\_\_\_\_ CA License # \_\_\_\_\_

CONTRACTOR (INSTALLER): \_\_\_\_\_ CA License # \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### DESCRIPTION OF WORK

Type of Plans: \_\_\_\_\_ Resubmittal? Yes No

Type of System: \_\_\_\_\_ Tenant Improvement? Yes No

Square Footage of Applied Area: \_\_\_\_\_ Number of Standpipes: \_\_\_\_\_ Number of Systems: \_\_\_\_\_

Number of Stories: \_\_\_\_\_ Number of Heads per floor: \_\_\_\_\_ Total number of Heads: \_\_\_\_\_

Occupancy classification: \_\_\_\_\_ Type of construction: \_\_\_\_\_

Project Name: \_\_\_\_\_ Building Permit #: \_\_\_\_\_

Project Address: \_\_\_\_\_ City: \_\_\_\_\_ APN/Parcel #: \_\_\_\_\_

**INCOMPLETE FORMS/SUBMISSIONS WILL NOT BE ACCEPTED**

**OFFICE USE ONLY** Fire District: \_\_\_\_\_ Fire Permit: FIR \_\_\_\_\_ Received By: \_\_\_\_\_

NOTES: