



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 95354
 Main Number: 209-552-3700 Fax: 209-525-5757
 E-mail: fireprevention@stancounty.com
 Website: <http://www.stanoes.com/fire-prevention.shtm>

FIRE SUPPRESSION PLAN SUBMITTAL APPLICATION

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

- PDF submissions for suppression plans along with calculations, material sheets or other information needed, 5 megabytes or less send via e-mail to: fireprevention@stancounty.com
- Subject Line: Address of project – Name of Project – Type of plan submittal
- Plan/calculations over 5 megabytes submit as drop box link, disk or thumb drive (mail or drop off at above address)
- \$110 non-refundable deposit for plan review, mail or drop off at above address. Written to: Stanislaus County Fire Prevention
- Fee's: \$110.00 per hour for plan check. Inspection fees will vary depending on the project and/or square footage.
- Plan submittal application form can be found at the above website under Fire Prevention-Quick Links-Forms-
- Forms of payment: **Checks** (written to: **Stanislaus County Fire**) or cash only. Credit cards are NOT accepted.
- **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: _____ Extension: _____ E-mail: _____

Billing Address: _____

PLAN DESIGNER NAME/COMPANY: _____ CA License # _____

CONTRACTOR (INSTALLER): _____ CA License # _____

Phone: _____ Extension: _____ E-mail: _____

Address: _____

DESCRIPTION OF WORK

Type of Plans: _____ Resubmittal? Yes No

Type of System: _____ Tenant Improvement? Yes No

Square Footage of Applied Area: _____ Number of stories: _____ APN/Parcel # _____

Occupancy Classification: _____ Type of Construction: _____

Project Name: _____ Building Permit #: _____

Project Address: _____ City: _____

INCOMPLETE FORMS/SUBMISSIONS WILL NOT BE ACCEPTED

OFFICE USE ONLY	Fire District: _____	Fire Permit: FIR	Received By: _____
Deposit Date: _____	Check #: _____	Amount: _____	From: _____