APPLICATION FOR PLAN REVIEW



REDLANDS FIRE DEPARTMENT

COMMUNITY RISK REDUCTION DIVISION

35 Cajon St. Suite 12 • Redlands, California 92373
MAIN (909) 798-7601 • FAX (909) 798-7605
www.redlandsfire.org

PROJECT #	
F	

APPLICATION DATE:	

NEW PLAN AMENDMENT - CHANGES REQUIRING FURTHER PLAN REVIEW (FEES REQUIRED) AS-BUILT - NO FURTHER REVIEW REQUIRED. PLANS SUBMITTED FOR ACCURACY OF PROJECT ONLY				INITIAL SUBMISSION 1st RESUBMITTAL ADDITIONAL RESUBMITTAL (FEES REQUIRED)					
PROJECT TITLE/J	OB NAME:								
Project Address:				Building/Suite #:					
PROJECT DESCRIF	PTION: (ENTER A DE	ESCRIPTION OF THE PR	OJECT)						
SUBMITTAL TYPE: (PLEASE SELECT ONE) Fire Sprinkler System: No. of heads									
CONTACTINFOR	RMATION:								
	OWNER Description PROPERTY BUSINESS			APPLICANT (Company submitting to Fire Dept.) (CONTRACTOR (Check here if same as APPLICANT)		
Business:									
Contact:									
Address:									
Building/Suite#:									
City:									
State:		Zip:		Zip):		Zip:		
Office Phone:	()		()		()			
Cell:	()		()		()			
Email:									
ontractor City Business License Number: City Business License Exp. Date:									
CONTRACTOR STATE LICENSE: I hereby affirm under penalty of perjury that I am a licensed contractor under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.									
Contractor State Li	ntractor State License Number: Contractor License Exp. Date:								
License Classificatio	n: 🗌 GEN. A	□ C-7	□ C-10 □ C-	16	☐ C-34	□ C-36	☐ OTHER		
Signature of Contra	actor:			Da	ite:				

Office Use ONLY: FEE \$:	Date Received:	Received by:				
PLANS PICKED UP BY: Signature:	Print Name:	Date:				
Applicant Signature:Date:						
By using the system to electronically sign and submit any document. I agree to the terms and conditions of this Electronic/Digital Signature Disclosure.						
I understand and agree that (i) electronically signing and submitting any document(s) to the City of Redlands legally binds me in the same manner as if I had signed in a non-electronic or non-digital form, and (ii) the electronically stored copy of my signature, any written instruction or authorization and any other document provided to me by the City of Redlands, is considered to be the true, accurate and legally enforceable record in any proceeding to the same extent as if such documents were originally generated and maintained in printed form. I agree not to contest the admissibility or enforceability of the City of Redlands electronically stored copy of any other documents.						
ELECTRONIC/DIGITAL SIGNATURE DIS		CD-March Land Bright and March 1997				
Signature:		Date:				
Applicant Name (print):						
I certified that I have read this application and state that the above information is true and correct. (We) agree to comply with all City ordinances and state laws relating to building construction, and hereby authorize representatives of Redlands Fire Department to enter upon the above-mentioned property for inspection purposes. (We) agree to save, indemnify, and keep harmless the Redlands Fire Department against liabilities, judgments, costs, and expenses that may in any way accrue against said department in consequence of granting this permit.						
7. PLAN AMENDMENT/AS-BUILTS: A supplement	ental plan review fee will be charged upon receiving a plan ame	endment. This fee will be collected upon submittal.				
	s will be required. Complaints to the Contractor St e Fire Marshal or Designee MUST approve arrangements in I prior to the inspection.					
		ork shall not begin or commence without approved plans and permits.				
Applicant to have the permit number available when scheduling inspections. 4. REINSPECTION FEE: May be charged against a permit when an inspection has failed, is not ready, or the responsible party is not on site or where previously noted corrections have						
3. INSPECTION REQUESTS: As required by the California Fire Code the appropriate installing contractor shall schedule the necessary inspections and be present on site for inspections. A minimum of 48 hours notice is required. Inspections are made subject to availability. Inspections are scheduled by contacting (909) 798-7601. It is the responsibility of the						
 FIRE FEES INCLUDE: Plan check, inspection, EXPIRATION OF PERMITS: This permit shall expect the permi	and permit job card. expire and become null and void if approved plans have not be	een inspected within 180 days from the date of the approval.				
REQUIREMENTS AND NOTES TO						
Initial:						
CFC 105.5 Revocation. The fire code official is authorized to revoke a permit issued under the provisions of this code when it is found by inspection or otherwise that there has been a false statement or misrepresentation as to the material facts in the application or construction documents on which the permit or approval was issued.						
CFC 105.3.6 Compliance with code. The issuance or granting of a permit shall not be construed to be a permit for, or an approval of, any violation of any of the provisions of this code or of any other ordinance of the jurisdiction. Permits presuming to give authority to violate or cancel the provisions of this code or other ordinances of the jurisdiction shall not be valid. The issuance of a permit based on construction documents and other data shall not prevent the fire code official from requiring the correction of errors in the construction documents and other data. Any addition to, or alteration of, approved construction documents shall be approved in advance by the fire code official, as evidenced by the issuance of a new approval and/or a permit.						
	e Section 7031.5. Plans submitted through Redlan N DATES AND WET SIGNATURE OF THE STATE	ds Fire Department shall have the Contractor's WET E LICENSEE on each sheet of the plan.				
NOTETO APPLICANT: If, after making this Certificate of permit will be revoked.	NOTE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Worker's Compensation provision of the Labor Code, you must comply with such provision or this sermit will be revoked.					
	Phone Number:					
•	ich the permit is issued. My Worker's Compensation Insurance and Policy number are: Policy #:Expiration:					
subject to the Worker's Compensation I have and will maintain a Certificate of	Laws of California. f Consent to self-insure for Worker's Compensation, a	is provided for by Section 3700 of the Labor Code,				
☐ Not Applicable☐ Icertifythat in the performance of the v	workfor which this permit is issued, I shall not employ:	any person in any manner so as to become				
	· ·					
I hereby affirm under penalty of perjury one of	of the following declarations: (PLEASE SELECT ONLY (ONE)				