

Riverside County Fire Department ~ Office of the Fire Marshal

Riverside Office (West):

4080 Lemon Street, 10th Floor
Riverside, CA 92501

Phone: (951) 955-4777 ~ Fax: (951) 955-4886



Palm Desert Office (East):

77933 Las Montañas Road, Ste 201
Palm Desert, CA 92211

Phone: (760) 863-8886 ~ Fax: (760) 863-7072

PLAN REVIEW FORM

New **Re-Submittal #** _____ **As-builts**

FD Permit # _____

County/City Permit# _____

Assessor Parcel# (APN): _____

Office Use Only
Plans Received

PROJECT INFORMATION

Project Name: _____

I have read and understand that Fire Dept. fees are Deposit Based Fees and there may be additional money due prior to or after project final.

Address: _____

Sign: _____

City & Zip: _____

Print: _____

APPLICANT INFORMATION

Company Name: _____ Applicant Name: _____

Address: _____ Phone: _____

City/ Zip: _____ Email: _____

BILLING INFORMATION: Same as applicant

Company Name: _____ Contact Name: _____

Address: _____ Phone: _____

City/ Zip: _____ Email: _____

The person listed on "Billing Information" will receive ALL billing, correspondence and refunds for any work billed to this permit. Any changes in billing information must be made in writing to our office.

Plan Review Type (Check appropriate items)

Commercial Residential: (Custom Model Production Title25) Other

Construction: Building: (New TI/Remodel) Cell Site High Pile/Racks Water/Access HFA
Systems: Sprinkler Alarm: (Fire Alarm Monitoring) **Mech. Systems:** (Hood/Duct Spray Booth Racks)
Alt. Systems: (FM200 Wet Chem Dry Chem Foam CO2 Halon) Fire Protection Supply
Fuel Storage Systems: Dispensers Only Above Ground # _____ Underground # _____
Other: _____

OFFICE USE ONLY

Fee Paid: _____ Date: _____ Payment Method: _____ Received By: _____ Receipt#: _____	Reviewed by: _____ PC Review Date: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Corrections Req. Plans Stamped: <input type="checkbox"/> Yes <input type="checkbox"/> No Letter Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Job Card Included: <input type="checkbox"/> Yes <input type="checkbox"/> No	Called for Pick-Up Date: _____ By: _____ Picked-Up Date: _____ By: _____ Shipped By / Method _____
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