



Stockton Fire Prevention Division
 345 North El Dorado Street
 Stockton, CA 95202
 (209) 937-8271 Fax: (209) 937-8893

CITY PERMIT # _____

If Applicable:
 COUNTY PERMIT # _____

PLAN CHECK APPLICATION

Application Date _____

Project located in: CITY COUNTY

Project Name _____

Project Address _____ Suite _____ Zip _____

CONTRACTOR INFORMATION

Name _____

Address _____ City/Zip _____

Phone _____ Fax _____

Contact Person _____ Office Phone _____ Cell _____

E-mail Address _____

Work done in the City requires a CITY OF STOCKTON BUSINESS LICENSE
 ALL LICENSE INFORMATION IS SUBJECT TO VERIFICATION

CITY OF STOCKTON Business License # _____ Expiration Date _____

STATE Contractor License # _____ Expiration Date _____

C-16 (Sprinkler) _____ C-10 (Fire alarm) _____ C-34 (Underground) _____

Application is hereby made for a plan approval as follows:

✓ Applicant check type of Plan		Office use FEE
AUTOMATIC SPRINKLER - Number of Risers:	Number of Heads per Riser:	
FIRE ALARM SYSTEM and/or WATERFLOW SYSTEM (evacuation / fire pump / duct detectors / property protection)		
FIRE PUMP		
FIRE SERVICE UNDERGROUND - Check One: <input type="checkbox"/> Sprinkler <input type="checkbox"/> Hydrant		
HOOD & DUCT SYSTEM - Number of Nozzles:		
SIMPLE WATERFLOW ALARM (one of each: fire alarm control panel, smoke detector, pull station, horn/strobe)		
OTHER (Describe):		
CURRENT FEE REQUIRED:		
<i>If necessary, additional fees may be required.</i>		

I ATTEST, THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

Applicant's Name (PRINT): _____ Applicant's Signature: _____

OFFICE USE ONLY:	Check # _____
Issued by: _____	Code: FD <input type="checkbox"/> (City) _____
Date Issued: _____	W5 <input type="checkbox"/> (County) _____