



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



**PLAN CHECK APPLICATION**

Project Located in City  County

City Permit # \_\_\_\_\_  
 (If applicable) County Permit # \_\_\_\_\_

Application Date \_\_\_\_\_

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 \_\_\_\_\_

Sprinkler  Fire alarm  Underground

**Application is hereby made for a plan approval as follows:**

		Office Use FEE
<input checked="" type="checkbox"/> Applicant Check Type of Plan		
<input type="checkbox"/> AUTOMATIC FIRE SPRINKLER SYSTEM - Number of Risers: _____ Number of Heads per Riser: _____ <input type="checkbox"/> Alterations - Number of Risers: _____ Number of Heads per Riser: _____		
<input type="checkbox"/> SPECIALIZED FIRE SPRINKLER SYSTEM - Number of Risers: _____ Number of Heads per Riser: _____ <input type="checkbox"/> Deluge Water System <input type="checkbox"/> Foam System <input type="checkbox"/> Fixed Spray System <input type="checkbox"/> Pre-Action System		
<input type="checkbox"/> FIRE SPRINKLER APPLIANCES: <input type="checkbox"/> Fire Pump <input type="checkbox"/> Fire Hose Racks <input type="checkbox"/> Standpipe		
<input type="checkbox"/> UNDERGROUND FIRE SERVICE: <input type="checkbox"/> Fire Sprinkler <input type="checkbox"/> Hydrant <input type="checkbox"/> Both		
<input type="checkbox"/> AUTOMATIC FIRE EXTINGUISHING / FIRE SUPPRESSION SYSTEM Number of Flow Points _____		
<input type="checkbox"/> FIRE ALARM SYSTEMS Number of Devices _____ Number of Stories per Building _____		
<input type="checkbox"/> AUTOMATIC FIRE DETECTION SYSTEMS Number of Devices _____ Number of Stories per Building _____		
<input type="checkbox"/> SPECIALIZED GAS DETECTION SYSTEMS Type: _____		
<input type="checkbox"/> WATERFLOW Number of Devices _____		
<input type="checkbox"/> OTHER _____		
ADDITIONAL PLAN REVIEW SERVICES		Total Hours & Total Fee
<input type="checkbox"/> Plan Check 1 <sup>st</sup> Revision - per hour	<input type="checkbox"/> Plan Check - Expedite Request (Review & Approved within 3 business days)	
<input type="checkbox"/> Plan Check 2 <sup>nd</sup> Revision - per hour	<input type="checkbox"/> Express - Over the Counter Plan Check	
<input type="checkbox"/> Plan Check 3 <sup>rd</sup> Revision & each revision thereafter - per hour	<input type="checkbox"/> Work Performed without Permit(s) - Plan Check	
<input type="checkbox"/> Additional field inspections for new construction due to non-compliance (Plan Check hourly rate)	<input type="checkbox"/> "As-Built" Drawings Plan Check (per submittal)	
<input type="checkbox"/> Plan Review (Plan Check hourly rate)	<input type="checkbox"/> Alternative Materials and Methods - Fire Marshal Review (1 hour minimum, time charged)	

**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 Fee Total \$ _____
Date Issued: _____	W5 <input type="checkbox"/> County Fee Total \$ _____