



EL DORADO COUNTY FIRE PROTECTION DISTRICT PLAN CHECK SUBMITTAL FORM

Thank you for submitting your plans. A check made payable to El Dorado County Fire District will be required upon submission of the plans based on the estimated fee schedule which can be found on our website at www.eldoradocountyfire.com. The adjusted balance must be paid upon pickup of the completed plans. Approximate time for reviewing plans is four to six weeks. This form is for plan check fees only. Your project may require additional development impact fees to be paid at the city or county office.

PERMIT NO: _____ DATE SUBMITTED: _____

PLANS COMPANY: _____

NAME OF CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

BUILDING/PROPERTY NAME: _____

PROJECT ADDRESS: _____ SUITE: _____

CITY: _____ ZIP: _____

TYPE OF BUSINESS: _____

PARCEL NO: _____ - _____ - _____ BUILDING SQ FT: _____

TI SQ FT: _____ FIRE SPRINKLER INSTALLED Yes No

FIRE ALARM INSTALLED Yes No OCCUPANCY CLASSIFICATION: _____

PREVIOUS OCCUPANCY CLASSIFICATION: _____

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- Plan Re-Submittal** \$186
 - Residential Site Plan Review** \$186 **Residential Water Storage Tank** \$279
 - LPG Tank Installation** \$372
 - Underground LPG Tank** \$372
 - New Building (per building)** \$558 + \$0.10 x _____ sq. ft. = \$ _____
 - New Building Re-submittal (per building)** \$186 _____
 - T.I. (per building)** \$372 + \$0.10 x _____ sq. ft. = \$ _____
 - T.I. Re-submittal (per building)** \$186 _____
 - Civil Plan Review (building)** \$186 per hr. **Civil Plan Review (development)** \$656

- Subdivision (4 lots or less) \$279 Subdivision (5 + lots) \$558
- Building Demolition \$186
- Fire Sprinkler (under 10 heads) \$372 \$1.00 (per head in excess of 10 heads) \$_____
- Fire Alarm \$372 + \$2 x _____ each device = \$_____
- Fire Alarm Panel Replacement only \$186 \$_____
- Kitchen Hood Suppression System (per system) \$372
- Spray Booth (per booth) \$558 Medical Gas (per system) \$465 Cryogenic Tank \$465
- Rack or High Pile Storage \$558
- Fire Safe Plan \$186 Fire Flow Letter \$186

Total Submittal Fee = \$ _____

FOR OFFICE USE ONLY

Initial Submittal: Amount \$ _____	Check # _____	Date: _____	Received by: _____
1 st Resubmittal: Amount \$ _____	Check # _____	Date: _____	Received by: _____
2 nd Resubmittal: Amount \$ _____	Check # _____	Date: _____	Received by: _____