



COLTON FIRE DEPARTMENT

Fire Prevention Division - 303 East E Street, Colton, CA 92324 - (909) 370-5100

FIRE PLAN SUBMITTAL APPLICATION

Page 1 of 3 - Project, Contractor & Contact Information



PROJECT INFORMATION

DATE

ASSOCIATED BUILDING PLAN CHECK # (BOO-)

PROJECT NAME

PROJECT ADDRESS

PROJECT OWNER

☐ New Construction Commercial ☐ Tenant Improvement Commercial ☐ New Construction Residential ☐ Tenant Improvement Residential

CONSTRUCTION / BUILDING CODE CLASSIFICATION

BUILDING CONSTRUCTION TYPE

OCCUPANCY TYPE

CODE EDITION USED - CBC

CODE EDITION USED - CFC

PREVIOUS OCCUPANCY TYPE (IF ANY)

CONTRACTOR INFORMATION

Contractor of record. This party may or may not be the day-to-day point of contact for the project. To designate who receives correction notices, complete the Designated Project Contact section below.

NAME

EMAIL

ADDRESS

PHONE

CITY

STATE

ZIP CODE

Plan pickup contact - counter logistics only. Correction notices are NOT sent to this person.

NAME OF CONTACT FOR PLAN PICK UP

PHONE

DESIGNATED PROJECT CONTACT

Receives all correction notices

All plan check correction notices and project correspondence will be sent via email to the contact listed below. Only one designated contact is accepted. To update this contact during the project, call Fire Prevention at (909) 370-5100.

☐ **Same as Contractor** (check only if the contractor of record is also the day-to-day project contact)

NAME (INDIVIDUAL, NOT A COMPANY)

COMPANY / FIRM

ROLE: ☐ Project Manager ☐ Contractor ☐ Architect ☐ Engineer ☐ Owner's Rep. ☐ Other: _____

EMAIL (REQUIRED - ALL CORRECTION NOTICES ARE DELIVERED HERE)

PHONE

Acknowledgment: By typing my name below, I confirm I am the designated point of contact for this project and will receive all correction notices via the email address provided above.

TYPED NAME

DATE



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Page 2 of 3 - Plan Types, Scope of Work & Contractor Declaration



PLAN TYPES SUBMITTED

Check each system included in this submittal and provide quantities

Provide a device or component count for every system checked. Counts must match the equipment legend and bill of materials on the plans. Plan review and inspection fees are based on the quantities declared below.

Fire Alarm Systems

- ☐ New Installation
- ☐ Tenant Improvement
- Total number of notification devices
- Total number of initiating devices

Fire Sprinkler Systems - New Installation

- Total number of sprinkler risers in building
- Total number of sprinkler heads
- ☐ Fire Standpipe System
- ☐ Fire Pump System

Fire Sprinkler Systems - Tenant Improvement

- Total number of sprinkler heads

Underground Fire Water Supply Lines

- Total number of valves / hydrants

Other Systems

- ☐ Hood and Duct System
- ☐ Special Suppression System
- ☐ Smoke Management System
- ☐ Spray Booth
- ☐ Radio Amplification System
- ☐ Compressed Gas System
- ☐ High Piled Storage
- ☐ Hazardous Materials Disclosure
- ☐ Fire Access Plan
- ☐ Fuel Modification Plan
- ☐ Other:

Aboveground Storage Tanks

- ☐ Tank Installation
- ☐ System Modification

SCOPE OF WORK

BRIEFLY DESCRIBE THE WORK TO BE DONE

LICENSED CONTRACTOR'S DECLARATION

I hereby affirm under penalty of perjury that I am licensed under the 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.

LICENSE CLASS

LICENSE NUMBER

LICENSE EXPIRATION DATE

CITY OF COLTON BUSINESS LICENSE NUMBER

BUSINESS LICENSE EXPIRATION DATE

A copy of the current City of Colton Business License shall be attached to this submittal.

CONTRACTOR'S SIGNATURE

DATE



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Page 3 of 3 - Worker's Compensation Declaration



WORKER'S COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

- ☐ I have and will maintain a certificate of consent to self-insure for worker's compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
- ☐ I have and will maintain worker's compensation insurance as required by Section 3700 of the Labor Code for the performance of the work for which this permit is issued. My worker's compensation insurance carrier and policy number are:

CARRIER

POLICY NUMBER

- ☐ CERTIFICATE OF EXEMPTION. This section need not be completed if the permit is for one hundred dollars (\$100.00) or less. I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the worker's compensation provisions of Section 3700 of the Labor Code.

SIGNATURE OF APPLICANT

DATE

WARNING

Failure to secure worker's compensation coverage is unlawful, and shall subject an employer to criminal penalties and civil fines up to one hundred thousand dollars (\$100,000.00), in addition to the cost of compensation, damages as provided for in Section 3706 of the Labor Code, interest, and attorney's fees.

Fire permits shall be obtained prior to commencing any work for which the permit is issued. Violations can include civil penalties, fines, or both. (CFC 105.1.1 and Colton Municipal Code 15.04.020)

FIRE PREVENTION DIVISION USE ONLY

- ☐ Accepted for review ☐ Incomplete - returned to applicant ☐ Routed to Willdan ☐ Fees collected

RECEIVED BY

DATE RECEIVED

PLAN CHECK / PERMIT NO.

FEE AMOUNT