

River Delta Fire District

Fire Plans Submittal Form

Date:	Project Name:				invoice #		
Project Address:					Suite/unit no.		
Contractor's Name:	Contractors	ors State License #			Classification		
Contractor's Address	City State Zip	_					
Email Address:	Cell Ho	ome Of	fice	Cell	Home	Office	
Design Professional:	License #	License #			Home	Office	
Design Professional Address City State Zip						Home	Office
Applicant/Contact Name:					Cell	Home	Office
Owner Lessee/Tenant Designer Agent for Owner Contractor							
Applicant/Contact Address City State Zip					Email Address:		
Owner / Business Name							
Type Of Permit (mark all that apply)							
Fire Sprinklers New/Old Construction Fire Alarm Standpipe Fire Pump Other							
Complete If Applicable							
Sprinkler Plans # Of Sprinkler Heads:							
Fire Alarm Plans # Of Initiating and Notification Devices:							
Description Of Work:							
I hereby certify that the information on this application is true and correct							
Signature:					_Date:		
Please submit	this form with, along wi	th one set of	plans to a	dmin@riverd	eltafire	e.com or m	ail to:
River Delta Fire District * 16969 Jackson Slough Road, Isleton, CA 95641							
**PLAN REVIEW AND INSPECTION FEES MUST BE PAID AT THE TIME OF PLAN SUBMITTAL. ** PLANS WILL NOT BE APPROVED OR RELEASED UNTIL THE FEE IS PAID.							
	OFFICE U	ISE ONLY B	ELLOW TI	HIS POINT			
Plan Submittal Invoice # Plan Submittal/					F	ee Paid:	
Date:			Inspection Fee:			Date:	
Plans Sent for Review	/ Plans Approved	Inspectio	nspection Inspector:				
Date:	Date:	Date:		Signature:			