



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: _____

New Building (per building) \$492 + \$0.10 x _____ sq. ft. = \$ _____

New Building Re-submittal (per building) \$0.05 x _____ sq. ft. = \$ _____

T.I. (per building) \$328 + \$0.10 x _____ sq. ft. = \$ _____

T.I. Re-submittal (per building) \$0.05 x _____ sq. ft. = \$ _____

Civil Plan Review (building) \$246 **Civil Plan Review (development)** \$656

Subdivision (4 lots or less) \$328 **Subdivision (5 + lots)** \$492 + \$10 per lot = \$ _____

Building Demolition \$328

Fire Sprinkler (under 25 heads) \$328 **(25-99 heads)** \$492

(100 and more heads) \$656 + \$1 x _____ additional heads over 100 = \$ _____

Fire Alarm \$328 + \$2 x _____ each device = \$ _____

Kitchen Hood Suppression System (per system) \$328

Spray Booth (per booth) \$328 Medical Gas (per system) \$328 Cryogenic Tank \$328

LPG 26-500 gal \$164 501-1999 gal \$246 2000 gal and more \$492

Underground LPG tank \$246 Rack or High Pile Storage \$328

Fire Safe Plan \$164 Residential Water Storage Tank \$164 Fire Flow Letter \$246

Total Submittal Fee = \$ _____

FOR OFFICE USE ONLY

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

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|---|---|
| Sq Ft Total: | TOTAL Plan Review Fee(s) \$ |
| Sprinkler Required? <input type="checkbox"/> Yes <input type="checkbox"/> No | Impact Fee Entry in LMIS Date: |
| Rural Tank Required? <input type="checkbox"/> Yes <input type="checkbox"/> No | Plan Check Complete Date: |
| Firehouse Entry & Plan Letter Date: | Notified - <input type="checkbox"/> Phone <input type="checkbox"/> Email Date: |
| LMIS Approval Date: | Plans Picked Up Date: |
| Impact Fee Required? <input type="checkbox"/> Yes <input type="checkbox"/> No | Digital Plans Received Date: |