



WEST COVINA FIRE DEPARTMENT
 Fire Prevention Bureau
 1444 W. Garvey Avenue South
 West Covina, CA 91790
 (626) 939-8823

PLAN CHECK SUBMITTAL APPLICATION

OWNER /
TENANT

Job Address _____ **Suite/Unit No.** _____

Name _____ Telephone _____

Address _____ City/Zip _____

APPLICANT /
CONTRACTOR

Contractor Business Name _____ Telephone _____

Mailing Address _____ City/Zip _____

State License No. _____ Class Code _____ Expiration Date _____

Contact Person _____ **Contact Telephone** _____

Check all that applies ✓	Type of Construction	Quantity
FLAMMABLE LIQUID STORAGE		
<input type="checkbox"/>	Underground Tank Installation	
<input type="checkbox"/>	Above-ground Tank Installation	
<input type="checkbox"/>	Under-ground Tank Removal	
<input type="checkbox"/>	Above-ground Tank Removal	
<input type="checkbox"/>	Vapor Recovery Modifications	
HIGH PILE STORAGE PLANS		
<input type="checkbox"/>	High Pile Storage (for storage rack plans)	
FIRE ALARM SYSTEM		
<input type="checkbox"/>	Fire Alarm Systems (new) with FACP	# of devices:
<input type="checkbox"/>	Additional Devices (each)	# of devices:
<input type="checkbox"/>	Modifications to Existing Systems	# of devices:
FIRE SPRINKLER SYSTEM		
<input type="checkbox"/>	OH Sprinklers - Residential (unlimited heads)	
<input type="checkbox"/>	OH Sprinklers - Commercial (New and/or Tentative Improvement)	# of heads:
<input type="checkbox"/>	Underground Fire Service Supply Private Fire Hydrants & Fire Line (per detector check connection)	
<input type="checkbox"/>	Fire Standpipe System/Hose Stations Class I, II, III and Article 81 (per system/station)	
<input type="checkbox"/>	Automatic Fixed Extinguishing System Hood Suppression System (wet chemical) _____ FM 200 System _____	
<input type="checkbox"/>	Fire Pump Diesel pumps – each _____ Electric pumps – each _____	
<input type="checkbox"/>	Water Storage Tanks Gravity tank – each _____ Pressure tank – each _____	
<input type="checkbox"/>	5-year Certification Test on Sprinkler System	
PRIVATE FIRE PROTECTION SYSTEM TESTING		
<input type="checkbox"/>	Smoke Test	
<input type="checkbox"/>	Hydrant Flow Test	
OTHER		
<input type="checkbox"/>	Fire Site Access	
<input type="checkbox"/>	As-Built	
<input type="checkbox"/>	Expedited Plan Check	

*****FOR OFFICE USE ONLY*****

Verification shown at time of permit issuance: Contractor License Letter of Authorization (if applicable) ID
 Worker Compensation Insurance Certificate Business License

FIRE CASE NO. _____ **SUBMITTAL DATE** _____

OWNER/BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractor’s License Law for the following reason (Section 7031.5 of the Business and Professions Code).

- I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Section 7044 of the Business and Professions Code).
- I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044 of the Business and Professions Code).
- I am exempt under Section _____, Business and Professions Code for the following reason:

✓Signature: _____

Date: _____

LICENSED CONTRACTOR’S DECLARATION:

I hereby affirm that I am licensed under 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.

✓Signature: _____

Date: _____

WORKERS’ 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 workers’ compensation, 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 workers’ compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
- 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 workers’ compensation laws of California, and I agree that if I should become subject to the workers’ compensation provisions of the Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

✓Signature: _____

Date: _____