



# City of Eastvale

12363 Limonite Ave., Suite 910  
 Eastvale, CA 91752  
 951/737-8097 Ext. 4707  
[www.eastvaleca.gov](http://www.eastvaleca.gov)

## Fire Plan Review

Permit # \_\_\_\_\_

Property Address	Number	Street Name	Tenant Name (If Applicable)	
Property Owner	Name			Phone #
	Address (if different from property)			
Applicant	Name (if not owner)			Phone #
	Address	State	Zip Code	Email
Contractor	Name			Phone #
	Address	State	Zip Code	Email
	State Contractor's License #		City Business License #	
Contact Name: _____		Contact Email: _____		
Description of Work				

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<u>PLAN REVIEW TYPE</u>	
<input type="checkbox"/> Building NCOM	<input type="checkbox"/> Fire Sprinklers *Number of Risers=_____
<input type="checkbox"/> Building T.I. (New/Existing)	<input type="checkbox"/> Hood & Duct Suppression
<input type="checkbox"/> Spray Booth *Number of Booths=_____	<input type="checkbox"/> High Piled Storage *SQ FT _____
<input type="checkbox"/> Underground Water \ Fire	<input type="checkbox"/> Fire Alarms
<input type="checkbox"/> Residential Care Pre-Inspection	<input type="checkbox"/> Other

<u>Office Use Only</u>	
Check #:	Date Received:
Fees Paid:	Date Issued:
Number of Sets Submitted:	
Notes:	

