



City of Desert Hot Springs
Fire Department
Plan Review Application

FIRE PERMIT # _____
New **Resubmittal**
Date Submitted: _____



PROJECT NAME:	
PROJECT SITE ADDRESS:	
CONTACT NAME:	PHONE:
COMPANY NAME:	EMAIL:
STREET ADDRESS:	BUSINESS LIC #:
CITY/STATE/ZIP:	

PLEASE CHECK ALL BOXES THAT APPLY

COMMERCIAL <input type="checkbox"/>	INDUSTRIAL <input type="checkbox"/>	BUILDING <input type="checkbox"/>	BUILDING TI <input type="checkbox"/>
SPECIAL EVENT <input type="checkbox"/>	OTHER <input type="checkbox"/>		

PLAN REVIEW TYPE	SCOPE OF WORK – PROVIDE COMPLETE DETAILS
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<input type="checkbox"/>	BUILDING	
<input type="checkbox"/>	FIRE ALARM SYSTEM	
<input type="checkbox"/>	HIGH FIRE AREA	
<input type="checkbox"/>	HOOD & DUCT SUPPRESSION SYSTEM	
<input type="checkbox"/>	HIGH PILE/RACKS	
<input type="checkbox"/>	OTHER SUPPRESSION SYSTEM	
<input type="checkbox"/>	SEEPAGE PIT	
<input type="checkbox"/>	SPRINKLER SYSTEM	
<input type="checkbox"/>	SPRINKLER MONITORING	
<input type="checkbox"/>	SPRAY BOOTH	
<input type="checkbox"/>	TI SPRINKLER SYSTEM	
<input type="checkbox"/>	UNDERGROUND WATER	

STORAGE TANK SUBMITTALS

<input type="checkbox"/>	DISPENSERS ONLY	
<input type="checkbox"/>	ABOVE GROUND	
<input type="checkbox"/>	UNDERGROUND	

FEES - OFFICE USE ONLY	Administrative Processing Fee – 1 Time Charge: \$85.00
Fire Safety Specialist Hourly Rate: 57.02	
1 st Review billable hours: _____	Approved: <input type="checkbox"/> Denied: <input type="checkbox"/>
2 nd Review billable hours: _____	Approved: <input type="checkbox"/> Denied: <input type="checkbox"/>