

Menlo Park Fire Protection District
Fire Prevention Bureau
170 Middlefield Rd, Menlo Park, CA 94025 PH: (650) 688-8425

PLAN CHECK APPLICATION

A. Project Address: _____ Suite(s): _____ Bldg: _____ Floor(s): _____

Project City/Town: _____ Is this project in Unincorporated San Mateo Co? Please Circle one: **YES NO**

Project Name: _____ Please check one: Commercial _____ Residential _____

City of Menlo Park Residential Projects Only: Remodel Valuation \$ _____

Description of work: _____

B. If the plans you are submitting today are not for a sprinkler/underground or alarm/monitoring system, please mark the appropriate area below:

Residential Site/Plan Review (Planning or Bldg.) _____ Access Gate _____ Commercial Site Review (Planning or Bldg.) _____

Commercial Projects Only (please circle one): New Construction or Tenant Improvement

Commercial Project (New Const/TI) Square Footage: _____

Total Building Square Footage: _____

Other: Use Permit _____ Hood & Duct _____ Clean Agent _____ Generator _____ Emergency Repair Permit _____

UST Removal/Installation _____ High Pile Storage _____ Solar _____ Hazardous Materials _____ Other _____

C. If you are submitting plans for a sprinkler/underground or alarm/monitoring system, please fill out below:

Fire Sprinkler:

New _____ TI _____

of heads (per floor) _____ # of risers _____

System Cost (City of Menlo Park Residential projects only): _____

Underground Fire Service Installation:

of feet _____

Fire Alarm:

New _____ TI _____

of devices (per floor) _____

Fire Monitoring System:

of devices _____

D.

Applicant/Company: _____ CA Contractor License # _____

Contact Name: _____ Phone: _____ Ext: _____

Signature: _____

Email: _____

SUBMITTING AS OWNER/BUILDER (Complete only if you OWN the property AND are the INSTALLING CONTRACTOR)

Owner/Builder: _____ Agent for Owner: _____

Owner/Agent Signature: _____ Phone: _____ Ext: _____

Email: _____

Note: (1) Owner must sign plans and/or provide a letter stating the agent has permission to act on owner's behalf

(2) San Mateo County Assessor or third-party verification of existing square footage may be required.

OFFICE USE ONLY

Record Number/Permit#: _____ Comments: _____

Date: _____ Approved: _____ Denied: _____ PR Time: _____ Reviewer Initials: _____