

Sonoma County Fire District

## Fire Plans Submittal Form Fire Plans Submittal for the Town of Windsor ONLY

Date:	Project Name:		Invo	Invoice #	
Project Address:			Suit	Suite/unit no.	
Contractor's Name:		Contractors State Licer	nse # Clas	assification	
Contractor's Address City State Zip					
Email Address:		Cell Home Of	fice Cell	Home Office	
Design Professional:		License #	Cell	Home Office	
Design Professional Address City State Zip			Cell	Home Office	
Applicant/Contact Name:			Cell	Home Office	
Owner Lessee/Tenant Designer Agent for Owner Contractor					
Applicant/Contact Address City State Zip			Ema	il Address:	
Owner / Business Name					
Type Of Permit (mark all that apply)					
Fire Sprinklers  Underground Fire Main  Fire Alarm  Standpipe  Fire Pump  Other					
Complete If Applicable					
Sprinkler Plans # Of Sprinkler Heads: Fire Alarm Plans # Of Initiating and Notification Devices:					
Description Of Work:					
I hereby certify that the information on this application is true and correct					
Signature: Date:					
Please submit this form with payment, along with three sets of plans, and three sets of cut sheets to:					
Sonoma County Fire District * 8200 Old Redwood Hwy Windsor Ca 95492					
**PLAN REVIEW AND INSPECTION FEES MUST BE PAID AT THE TIME OF PLAN SUBMITTAL. ** PLANS WILL NOT BE APPROVED OR RELEASED UNTIL THE FEE IS PAID.					
OFFICE USE ONLY BELLOW THIS POINT					
Plan Submittal Invoice #		Plan Subm	Plan Submittal/ Fee Paid:		
Date:		Inspection	1	Date:	
Plans Sent for Review	Plans Approved	Inspection	Inspector:		
Date:	Date:	Date:	Signature:	nature:	