



**VENTURA COUNTY FIRE PROTECTION DISTRICT
FIRE PREVENTION BUREAU
165 DURLEY AVENUE
CAMARILLO, CA 93010
www.fire.countyofventura.org
(805) 389-9738 (805) 388-4356 fax**

INCOMING TRANSMITTAL

Date: _____ Case #: _____

Initial Submittal Re-submittal Contractor license #: _____

Project Name: _____ APN: _____
Case Address/Location: _____
Planning Number: _____ Tract Number: _____

Applicant: _____ Attention: _____
Address: _____
City, State, ZIP: _____ Phone: _____
Comments: _____
Upon completion of plan review, return plans via: U.S. Mail Or Call for Pick-Up at Counter

FIRE PROTECTION SYSTEMS PLAN REVIEW

Residential Fire Sprinkler System – 13D
 Custom Sq Ft: _____ Manufactured Alteration - Total number of heads: _____

Commercial Fire Sprinkler System – 13 & 13R
 Overhead Underground Both Total square footage of building: _____

T.I. Commercial Fire Sprinkler System Total number of heads: _____

Fire Alarm System Number of initiating devices: _____

Hood System Spray Booth Number of nozzles: _____

5-year Certification Number of AES Forms: _____

BUILDING OCCUPANCY PLAN REVIEW

<input type="checkbox"/> "A" – Assembly	Sq. Ft.: _____	<input type="checkbox"/> "H" – Hazardous	Sq. Ft.: _____
<input type="checkbox"/> "E" – Educational	Sq. Ft.: _____	<input type="checkbox"/> "R-1" – Hotel(s)	Sq. Ft.: _____
<input type="checkbox"/> "I" – Institutional	Sq. Ft.: _____	<input type="checkbox"/> "R-2" – Apt House	Sq. Ft.: _____

REQUIRED APPLICANT PLAN REVIEW

<input type="checkbox"/> Fire Hydrant Location	<input type="checkbox"/> Licensed Care Facility
<input type="checkbox"/> Fire Department Access	<input type="checkbox"/> Fire Code Permit Type _____
<input type="checkbox"/> Additional VCFPD Permit Information	<input type="checkbox"/> Other _____

OFFICE USE ONLY

Date Paid: _____ Amt: _____ Check #: _____
Receipt # _____ By: _____ Area #: _____