



## FORM 612 FIRE PREVENTION TRANSMITTAL

DATE: \_\_\_\_\_

RECORD NUMBER: \_\_\_\_\_

### SECTION I

☐ OUTGOING      ☐ RESUBMITTAL      ☐ ADDITIONAL INFORMATION      ☐ OTHER

PROJECT NAME:		APN:	
ADDRESS/LOCATION:			
LOT:		TRACT:	
		PLANNING #:	
APPLICANT:		CONTACT PERSON:	
BUSINESS NAME:		PROF. LICENSE #:	
ADDRESS:			
PHONE #:		EMAIL:	
RETURN DOCUMENTS/PLANS VIA: <input type="checkbox"/> U.S. MAIL <input type="checkbox"/> CALL FOR PICK UP AT COUNTER <input type="checkbox"/> E-MAIL			
COMMENTS:			

### ATTACHED DOCUMENTS

<input type="checkbox"/> FIRE HYDRANT LOCATION PLANS	<input type="checkbox"/> FIRE PROTECTION SYSTEM PLANS (Sprinklers, Underground, Hood System, Alarm, Spray Booth, etc.)
<input type="checkbox"/> FIRE DEPARTMENT ACCESS	
<input type="checkbox"/> REQUIREMENTS FOR CONSTRUCTION	<input type="checkbox"/> FIRE CODE PERMIT
<input type="checkbox"/> BUILDING PLANS (A, E, I, R, H)	<input type="checkbox"/> LICENSED CARE FACILITY
<input type="checkbox"/> FIRE HYDRANT LOCATION PLANS	<input type="checkbox"/> ADDITIONAL INFORMATION SUBMITTAL
OTHER:	

### SECTION II (Official Use Only)

<input type="checkbox"/> RETURN FOR CORRECTION	<input type="checkbox"/> ADDITIONAL INFORMATION	<input type="checkbox"/> APPROVED PLANS AS NOTED
<input type="checkbox"/> RETURN ATTACHED PLANS, SPECIFICATIONS, AND/OR APPLICATION(S)		
COMMENTS:		

If you have any questions, please contact \_\_\_\_\_