



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:	U.S. MAIL	CALL FOR PICK UP AT COUNTER	E-MAIL
COMMENTS:			

ATTACHED DOCUMENTS

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

SECTION II (Official Use Only)

RETURN FOR CORRECTION	ADDITIONAL INFORMATION	APPROVED PLANS AS NOTED
RETURN ATTACHED PLANS, SPECIFICATIONS, AND/OR APPLICATION(S)		
COMMENTS:		

If you have any questions, please contact _____