

**COUNTY OF LOS ANGELES FIRE DEPARTMENT  
FIRE PREVENTION DIVISION  
5823 RICKENBACKER RD. COMMERCE, CA 90040-3027**

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

**ENGINEERING SECTION**

**PHONE: (323) 890-4125 FAX: (323) 890-4129**

**Plan Reviewers Phone/Counter Hrs. 7:30 AM to 10:30 AM Monday thru Friday**

**PLAN CHECK REFERENCE SHEET**

- |   |                                  |                                      |  |
|---|----------------------------------|--------------------------------------|--|
| <input type="checkbox"/> <b>SPRINKLER</b> | <input type="checkbox"/> INITIAL | <input type="checkbox"/> RESUBMITTAL | <input type="checkbox"/> CONSULTANT  |
| <input type="checkbox"/> <b>BUILDING</b>  | <input type="checkbox"/> INITIAL | <input type="checkbox"/> RESUBMITTAL | <input type="checkbox"/> SITE PLAN REVIEW                                    |
| <input type="checkbox"/> <b>ALARM</b>     | <input type="checkbox"/> INITIAL | <input type="checkbox"/> RESUBMITTAL | <input type="checkbox"/> SPRINKLER MONITORING SYSTEM ( <b>ONLY</b> ) [ F/T ] |

**County Facility:**    **Capitol Project Number** \_\_\_\_\_    **Spec Number** \_\_\_\_\_

**GENERAL PROJECT INFORMATION**

**Assessors Parcel Number (Mandatory):** \_\_\_\_\_

**Project Address:** \_\_\_\_\_

**City or Area:** \_\_\_\_\_

**Name of Contact:** \_\_\_\_\_

**Phone Number of Contact:** (    ) \_\_\_\_\_

**\*\*PLAN REVIEWER WILL PHONE CONTACT WHEN PLANS HAVE BEEN COMPLETED\*\***

**BILLING INFORMATION**

**Full Name:** \_\_\_\_\_    **Telephone #** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_    **State:** \_\_\_\_\_    **Zip Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_