



PLACER HILLS - NEWCASTLE FIRE PROTECTION DISTRICTS



PLAN REVIEW INTAKE FORM

Company Name: _____ Date: _____
Address: _____ City: _____ ST: ___ Zip: _____
Phone: (____) _____
Project Name: _____
Project Address: _____ City: _____ ST: ___ Zip: _____
Contact Person(s): (Person(s) submitting application): _____
Contact info: Phone: _____ Email: _____
Application Type: (Check all that apply) [<input type="checkbox"/>] Fire Sprinkler [<input type="checkbox"/>] Fire Alarm [<input type="checkbox"/>] Hood & Duct [<input type="checkbox"/>] Other: _____ _____
Additional Info/Special Instructions: Provide a minimum of three (3) sets of plans for review Payment of Fees required at time of plan submittal Provide electronic .pdf copy of drawings for pre-fire planning purposes.
Received By: _____ Date: _____

PLAN INTAKE FORM 2020