



City of Montclair

Fire Prevention Bureau
 5111 Benito St, Montclair CA 91763
 (909) 447-3552
FireMarshal@cityofmontclair.org

Fire Prevention Plan Submittal Criteria Commercial Projects, Multifamily Residential Projects and Residential Tract

INSTRUCTIONS:

- Fill in the project/business address and provide a brief description of the scope of work and type of business operation that will take place.
- Answer questions 1 through 11, then complete and sign the certification section.
- If you answer: - "YES" to any part of questions 1 through 11, submit the type of plan indicated in italics to the Montclair Building Department for Montclair Fire Prevention Bureau's review and approval.
- In some cases, other plan types not indicated herein may also be necessary depending on specific conditions or operations.
- If you need assistance in filling out this form or have questions regarding requirements for review, please contact Montclair Fire Prevention Bureau (MFPB) at (909) 447-3552, or Dennis Grubb & Associates 951-772-0007 (Contract Fire Prevention Services) also visit us at 5111 Benito St, Montclair, CA 91763.

Address	Suite	City
Project Scope/Business Description		

- | | | |
|-----|----|--|
| Yes | No | |
|-----|----|--|
1. Construction of a new building, a new story, or increase the footprint of an existing building? Changes to roadways, curbs, or drive aisles? Addition, relocation, or modification of fire hydrants or fences/gates? *Fire Access Plan.*
 2. Installation/modification/repair of underground piping, backflow preventers, or fire department connections serving private fire hydrant/sprinkler/standpipe systems? *Underground Plan.*
 3. New or tenant improvements to any of the following occupancies: Group A, E, F, H, I, and R (excluding R-3 Non-ADU). *Architectural Plans*
 4. Recreation/meetings/training/religious functions or other gatherings in a room > 750 sq.ft. (> 1,000 sq.ft. for training/adult education) or > 49 people? *Architectural Plan.*
 5. Facilities that have refrigeration systems, i.e. markets, cold storage warehouses, etc. *Refrigeration Plan*
 6. Installation/modification of locks delaying or preventing occupants from leaving a space or requiring use of a card, button, or similar action to open a door in the direction of exit travel? *Architectural Plan.*
 7. Installation/modification/use of spray booths; dust collection; dry cleaning; industrial ovens/drying equipment; industrial/commercial refrigeration systems; compressed gasses; tanks for cryogenic or flammable/combustible liquids; vapor recovery; smoke control; battery back-up/charging systems; welding/brazing/soldering, open flame torches, welding/cutting/grinding; or other similar operations? *Hazardous Process OR Special System Plan.*
 8. Storage/use/research with flammable/combustible liquids or other chemicals? Motor vehicle/aircraft maintenance/repair? Cabinetry/woodworking/finishing facility? Storage Tanks other than water? *Chem Class & Architectural Plan and/or Special Equipment/ Process Plan.*
 9. Storage or merchandizing areas in excess of 500 sq. ft. where items are located higher than 6'. *High-piled Storage Plan.*
 10. Cooking under a Type I commercial hood; installation or modification of a fire extinguishing system located in a commercial cooking hood? *Hood & Duct Fire Extinguishing System, not just the hood mechanical plan.*
 11. All new or modified Suppression System or Alarm System. *Fire suppression or Alarm Plan*

NOTE: Failure to accurately disclose any of the activities listed above can cause significant project delay!

I certify under penalty of perjury under the laws of the State of California that the above is true:

Print Name	Signature
Phone Number () -	Date / /

Email address: _____

MONTCLAIR FIRE DEPARTMENT PLAN CHECK APPLICATION

Tracking No.:

APPLICANT INFORMATION

The permit will be issued to the contractor.

Applicant Name: _____

Applicant Address: _____

Contact: _____ Telephone No.: _____

Email Address: _____

PROJECT INFORMATION

Project address(es) must be complete and correct. Plans with incomplete addresses may be returned.

Project Name: _____

Project Address: _____ Tract No.: _____

TYPE OF DEVELOPMENT

Commercial Industrial Residential: _____ No. of Dwellings

No. of Buildings: _____ No. of Floor Plans: _____ Lot No(s): _____

GENERAL CONTRACTOR AND DEVELOPER/OWNER INFORMATION

Does the development include new streets? YES NO

General Contractor: _____

Contractor Address: _____

Telephone: _____ State Cont. Lic. No.: _____

Developer/Owner: _____ Telephone: _____

Developer/Owner Address: _____

TYPE OF SUBMITTAL

Original Revision to Previously Reviewed Plans, Permit No. _____

Other: _____

TYPE OF PLANS

Check all boxes that apply.

New Site Approval: _____ No. of Bldgs.

Fire Pump: _____ No. of Pumps Spray Booth: _____ No. of Booths

Hose Racks: _____ No. of Sprinkler Systems Standpipe: _____ No. of Systems

Tenant Improvement (TI): _____ No. of Heads High Pile Storage: _____ No. of Bldgs.

BOTH SIDES MUST BE COMPLETED.

MONTCLAIR FIRE DEPARTMENT PLAN CHECK APPLICATION

On-Site Water Improvement (Underground Fire Line): _____ No. of Bldgs.

Addition: Existing Sq. Ft. _____ and Additional Sq. Ft. _____

Tanks:

Installation Removal _____ No. of Tanks Size: _____

Belowground Aboveground Type: _____

Fire Sprinkler System: New _____ No. of Systems _____ No. of Risers

Fire Alarm System:

New _____ No. of Systems Alteration: _____ No. of Systems

With Evac System Without Evac System Other: _____

Special Extinguishing System:

Hood and Duct _____ No. of Systems Other: _____

Other: _____

CONTRACTOR AND ENGINEER INFORMATION

Fire sprinkler system must be designed by licensed C-16 contractor or licensed fire protection engineer. Sprinkler, underground fire line, and hood system contractors must have a C-16 license. Fire alarm contractors must have a C-10 license. License information must be on the plans.

Contractor: _____ Telephone: _____

Contractor Address: _____

State Lic. No.: _____ Class: _____ Expiration Date: _____

Montclair Business License No.: _____ Expiration Date: _____

Engineer of Record: _____ Telephone: _____

Engineer Address: _____

State Lic. No.: _____ Class: _____ Expiration Date: _____

APPLICANT

Print Name: _____ Signature: _____

Date: _____

Office Use Only

Permit No.: _____ Fees Due: _____ Reviewer: _____

BOTH SIDES MUST BE COMPLETED.