



Lathrop-Manteca Fire District
800 East 'J' Street, Lathrop, Ca 95330
Administration Office 209-941-5100 ~ Fax 209-941-5115

Application for Plan Review

Building Permit #: _____
 (Number issued by SJ County or City of Lathrop)

Date of Application: ____/____/____

BUSINESS OR RESIDENCE / SITE INFORMATION

BUSINESS/RESIDENCE NAME: _____ **PHONE:** _____ **FAX:** _____
ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP CODE:** _____

CONTRACTOR INFORMATION

COMPANY NAME: _____ **SITE COORDINATOR:** _____
COMPANY ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP CODE:** _____
COMPANY PHONE: _____ - _____ - _____ **FAX:** _____ **EMAIL:** _____

***** PARTY FINANCIALLY RESPONSIBLE FOR PLAN REVIEW FEE(S):** _____

THE ABOVE LISTED APPLICANT(S) HERBY MAKES APPLICTION FOR:
 (PLEASE INCLUDE DETAIL INFORMATION IN LINES PROVIDED BELOW)

- | | | |
|---|---|--|
| <input type="checkbox"/> RESIDENTIAL PURPOSE | <input type="checkbox"/> COMMERCIAL PURPOSE | <input type="checkbox"/> ADDITION OF SQUARE FOOTAGE |
| <input type="checkbox"/> EXISTING STRUCTURE | <input type="checkbox"/> EXISTING STRUCTURE | <input type="checkbox"/> PREVIOUS SQ. FT.: _____ |
| <input type="checkbox"/> NEW DEVELOPMENT | <input type="checkbox"/> NEW DEVELOPMENT | <input type="checkbox"/> NEW SQ. FOOTAGE: _____ |
| <input type="checkbox"/> FIRE SPRINKLER(S) TOTAL: _____ | <input type="checkbox"/> FIRE SPRINKLER(S) TOTAL: _____ | <input type="checkbox"/> CONSTRUCTION PERMIT: (TYPE) |
| <input type="checkbox"/> SOLAR: _____ KW | <input type="checkbox"/> AST /UST | <input type="checkbox"/> FIRE ALARM |

VALUATION AMOUNT OF PROJECT SUBMITTED: \$ _____

Details regarding the above request must be filed when application is made and whenever requested by the Fire Marshal. It is the applicant's responsibility to ensure that conditions are in accordance with applicable State and Local Fire Regulations.

 (APPLICANT SIGNATURE)

 (DATE)

FOR FIRE DEPARTMENT USE ONLY		
Occupancy ID: _____	Date Received: ____/____/____	Date Reviewed: ____/____/____
Valuation Amount: _____	Permit No. _____	Fee(s): \$ _____
Invoice No.: _____ [] Paid ____/____/____	Check No.: _____	Receipt No.: _____
Inspector: _____		