

# MENIFEE FIRE DEPARTMENT-OFM PERMIT/PLAN REVIEW APPLICATION



**DATE:** \_\_\_\_\_

NEW

RE-SUBMITTAL

AS-BUILTS

**FIRE PERMIT NUMBER:** \_\_\_\_\_

**BUILDING PERMIT NUMBER:** \_\_\_\_\_

Office Use Only

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Plans Received

**PROJECT INFORMATION (Please Print)**

Project/Tract Name: \_\_\_\_\_

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

Lot: \_\_\_\_\_ APN: \_\_\_\_\_ Plan Type: \_\_\_\_\_

Tract Number: \_\_\_\_\_ Phase: \_\_\_\_\_

**APPLICANT INFORMATION**

Contact Person: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

CA State License Number: \_\_\_\_\_ Classification: \_\_\_\_\_

Signature: \_\_\_\_\_ Print: \_\_\_\_\_

**BILLING INFORMATION**

Contact Person: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**The person listed on "Billing Information" will receive ALL billing, correspondence and refunds for any work billed to this permit. Any changes in billing information must be made in writing to our office.**

**PLAN REVIEW TYPE (Check Appropriate Items)**

Commercial       Residential       Industrial       Other

Building       Building Tenant Improvement (New / Existing)       High Fire Area

High Pile/Racks       Hood & Duct Suppression System       Sprinkler Monitoring

Fire Alarm System # of Devices \_\_\_\_\_       Other Suppression System       Cell Site

Sprinkler System       Spray Booth       Underground Water       Other: \_\_\_\_\_

**Total Sprinkler Head Count** \_\_\_\_\_

**Storage Tank Submittal:**       Dispensers Only       Above Ground       Underground

**OFFICE USE ONLY**

RECEIVED BY: \_\_\_\_\_

FEE AMOUNT: \_\_\_\_\_

CITY BUSINESS LICENSE: \_\_\_\_\_



**MENIFEE FIRE DEPARTMENT · OFFICE OF THE FIRE MARSHAL**  
 29844 Haun Road · Menifee, CA 92586 · (951) 246-6215 Fire General Line  
 Inspection Request Email: [menifeeofm@cityofmenifee.us](mailto:menifeeofm@cityofmenifee.us)

