



TRUCKEE FIRE PROTECTION DISTRICT

10049 DONNER PASS ROAD

TRUCKEE, CA 96161

Phone: (530) 582-7853 Fax: (530)582-7854

Email: plans@truckeefire.org

PROJECT SUBMITTAL APPLICATION

| | | |
|--|--------------------|-------------------|
| PROJECT NAME & ADDRESS: | | |
| CHECK PROJECT TYPE(S): Automatic Sprinkler <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Extinguishing System Plan Review | | |
| <input type="checkbox"/> Other(Specify Type) | | |
| PROJECT AREA (Sq. Ft.): | BUILDING USE: | |
| OCCUPANCY TYPE: | CONSTRUCTION TYPE: | |
| PROPERTY OWNER | | |
| OWNER: | | |
| MAILING ADDRESS: | | PHONE: |
| CITY: | STATE: | ZIP: |
| EMAIL: | | |
| CONTRACTOR | | |
| CONTRACTOR: | | CONTRACTOR LIC.#: |
| MAILING ADDRESS: | | PHONE: |
| CITY: | STATE: | ZIP: |
| EMAIL: | | |
| POINT OF CONTACT/RESPONSIBLE PARTY | | |
| POINT OF CONTACT | | |
| MAILING ADDRESS: | | PHONE: |
| CITY: | STATE: | ZIP: |
| EMAIL: | | |
| <i>By physically signing or electronically signing and submitting this application I acknowledge that all work will be performed in compliance with the code and standards adopting by Truckee Fire Protection District. Per Resolution and . Furthermore, all work will be completed by contractors and/or employees licensed through either the California State Fire Marshal Division and/or the California State Contractors Board, as applicable.</i> | | |
| SIGNATURE: _____ | | |
| <small>*The POC or Point of Contact is the sole individual tasked with corresponding with TFPD & paymet of fees. All communications from this office will be addressed to the POC.</small> | | |
| FOR OFFICIAL USE: | | |
| TFPD PERMIT#: | STAFF: | DATE: |
| AMOUNT REC'D: | NOTES: | |