



# PLAN CHECK APPLICATION

Fullerton Fire Department 312 E. Commonwealth Ave., Fullerton, CA 92832 Phone (714) 738-6500

**DISTRIBUTION**  
White: Fire Dept  
Yellow: Business  
Pink: Fire Dept  
Apr-18

### CONTRACTOR INFORMATION:

CONTRACTOR BUSINESS NAME:	CONTRACTOR CONTACT NAME:	CONTRACTOR PHONE NUMBER:
CONTRACTOR BUSINESS ADDRESS:	CONTRACTOR EMAIL ADDRESS:	

### BUSINESS INFORMATION:

JOB SITE BUSINESS NAME:	BUSINESS CONTACT NAME:	BUSINESS PHONE NUMBER:	
JOB SITE/BUSINESS ADDRESS:			
BUSINESS BILLING ADDRESS:			
TYPE OF BUSINESS:	NEW OR EXISTING:	NEW BUSINESS AS OF DATE:	EMERGENCY PHONE NUMBER:

### INSTRUCTIONS:

**SUBMIT PLANS TO:** 312 East Commonwealth Ave, Fullerton CA 92832 (714) 738-6500  
**NUMBER OF PLANS:** 5 SETS TOTAL - 3 Sets Standard Size. 1 Set Legal Size. 1 Set Digital Plans emailed to Info@FullertonFire.org.  
**FEES:** Fees are due upon submission of Plans. Cash or Check only. Please make checks payable to the City of Fullerton.  
**REVIEW TIME:** In most cases, Plan Checks will be completed within 12 (twelve) business days.

AST/UST PLAN CHECK FEES			INSPECTION FEES		
<input type="checkbox"/>	5135 UST Installation: 1st Tank	\$ 1,200.00	<input type="checkbox"/>	5900 Within Business Hours : ____ hrs @ \$106/hr	
<input type="checkbox"/>	5220 UST Installation: Additional ____ Tanks @ \$239/ea		<input type="checkbox"/>	5900 Outside Business Hours: ____ hrs @ \$211/hr (2 hr min)	
<input type="checkbox"/>	5134 UST Removal: 1st Tank	\$ 1,080.00	<input type="checkbox"/>	*** Re-Inspection Fee	\$ 123.00
<input type="checkbox"/>	5039 UST Removal: Additional ____ Tanks @ \$239/ea				
<input type="checkbox"/>	5180 UST Modification/Repair: 1st 3 hrs	\$ 603.00	OTHER FEES		
<input type="checkbox"/>	5178 UST Modification/Repair: Additional ____ hrs @ \$120/hr		<input type="checkbox"/>	*** Expedited Plan Check Fee: Permit Fee x 2	
<input type="checkbox"/>	5179 UST Monitor/Certification: ____ hrs @ \$106/hr		<input type="checkbox"/>		
<input type="checkbox"/>	5181 UST Temp Out of Service: 1st Tank	\$ 174.00	<input type="checkbox"/>		
<input type="checkbox"/>	5010 UST Temp Out of Service: Additional ____ Tanks @ \$107/hr		NEW OR TENANT IMPROVEMENT PLAN CHECK FEES		
<input type="checkbox"/>	5182 UST Remediation: 1st 3 hrs	\$ 317.00	<input type="checkbox"/>	5144 Hi Piled Storage	TI <input type="checkbox"/> New <input type="checkbox"/> \$ 259.00
<input type="checkbox"/>	5182 UST Remediation: ____ hrs @ \$106/hr		<input type="checkbox"/>		
<input type="checkbox"/>	5035 AST Installation: 1st Tank	\$ 603.00	PLEASE NOTE: ALL OTHER NEW OR TENANT IMPROVEMENT PLANS SHOULD BE SUBMITTED TO:		
<input type="checkbox"/>	5036 AST Installation: Additional ____ Tanks @ \$60/ea		<b>City of Fullerton            Building Department            303 W Commonwealth Ave, 2nd Floor            Fullerton, CA 92832            714-738-6541</b>		
<input type="checkbox"/>	5038 AST Removal: 1st Tank	\$ 603.00			
<input type="checkbox"/>	5220 AST Removal: Additional ____ Tanks @ \$60/ea				
<input type="checkbox"/>	5020 LP/Gas Tank Installation: 1,000 gallons or less	\$ 192.00			
<input type="checkbox"/>	5021 LP/Gas Tank Installation: 1,0001 -10,000 gallons	\$ 386.00			
<input type="checkbox"/>	5022 LP/Gas Tank Installation: 10,001 gallons or more	\$ 525.00			
<input type="checkbox"/>	5208 Fuel Modification: ____ hrs @ \$106/hr				

**I HEREBY CERTIFY** that the conditions noted on this permit application are true. I understand all permits are subject to compliance with all City and State regulations and nationally recognized standards and agree to be bound by same. I acknowledge that any modifications in process or increase in materials requires prior approval by the Fullerton Fire Department. Payment is due upon plan submission. Plan Check approval must be granted prior to the commencement of work and failure to comply will result in Administrative Citation Fines.

RESPONSIBLE PARTY:	NAME/TITLE:	DATE:				
<b>X</b>						
INSPECTOR:	FFD EMP ID NUMBER:	DATE:				
RESUBMIT REQUIRED:	RESUBMIT RECEIVED:	RESUBMIT REQUIRED:	RESUBMIT RECEIVED:	RESUBMIT REQUIRED:	RESUBMIT RECEIVED:	APPROVED DATE: