



Sacramento Metropolitan Fire District

Community Risk Reduction Division

www.metrofire.ca.gov

10545 Armstrong Ave., Suite 310 · Mather, CA 95655 · Phone (916) 859-4330 · Fax (916) 859-3717

FOR OFFICE USE ONLY	Date Received:
PERMIT #: _____	_____
INVOICE #: _____	
RECEIVED BY: _____	

PLAN CHECK RE-SUBMITTAL FORM

Please print clearly and enter all the information requested.

PROJECT INFORMATION:

Project Name/Current Tenant: _____

Project Address: _____ Suite #: _____ City: _____ Zip: _____

In order to process your plan accordingly, please choose one of the following plan types:

RESIDENTIAL:

- Certificate of Release- (Home - New or Addition)
- Liquid Propane (LPG) Tank Installation
- Residential Care Facility (six or fewer)/Lg Family Day Care
- Solar Panel Installation
- Fire Sprinkler System – Subdivision Model Homes
- Fire Sprinkler System – Production Homes
- Fire Sprinkler System – Non-production

COMMERCIAL:

Construction New Building

- New Construction
- Multi-Unit Residential
- Storage/Warehouse

Construction Tenant Improvement

- Basic Construction
- Tenant Improvement
- High-Piled Storage
- Rack/Shelving max 8' height
- Paint/Spray Booth

Tanks

- Above Ground Tank Installation
- Enhanced Vapor Recovery
- Hazardous Materials Dispense/Use
- Liquid Propane (LPG) Tank Installation
- Underground Tank
- Hazardous Materials Storage

Solar Panels

- Solar Panel Installation
- Ground Solar Panel Installation

COMMERCIAL CONTINUED:

Fire Alarm Systems

- Fire Alarm System
- Flow and Tamper Alarm System

Fire Sprinkler Systems

- Stationary Fire Pump
- Fire Sprinkler System- New
- Fire Sprinkler System- Tenant Improvement

Fire Suppression Systems

- Clean Agent Suppression System
- Hood & Duct Fire Suppression System
- Underground Fire Sprinkler

Civil Engineering (Site Plan)

- Site Plan Review - Civil Improvement
- Site Plan Review - Perimeter Fencing

Liquid & Compressed Gases

- Compressed Gas - Hazardous
- Compressed Gas – Medical

ADMIN/MISCELLANEOUS:

- Alternative Method Request/Appeal
- Automobile Wrecking/Junk Yard
- Cell Tower (outside, roof, pole, etc.)
- Kiosks, Display Booths, Concessions in Mall (temp)
- OTHER: _____

Is this your first resubmittal for this project and plan type? Yes No (If you answered “no” additional fees will be due)

Is this a re-submittal after approval? Yes No (If you answered “yes” additional fees will be due)

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Project Contact Name: _____ Cell Telephone: _____

Email Address: _____ Office Telephone: _____