For CSG Consultants Staff Use Only		
File #		
PO #		Permit
Total Amount Owed		
Date Paid		Amount Paid

CSG Consultants
930 Fresno St.
Newman, CA 95360
(209) 862-9511
email: planreview@csgengr.com
Existing Building Plan Permit Application Form

EB

- **If project is located on tribal trust land or a state beneficiary public trust please contact the State Fire Marshal's office before proceeding to fill out this form or sending any drawings or correspondence.**
  Is the project on tribal trust land? *(Yes ☐ No ☐)*
- **This form must be completely filled out in order to process your application for plan review.**
- **Payment is due at the time of submittal. Any additional fees incurred will be due prior to the release of the approved plans.**

Project Name		**Date**	
Phased Project	*Yes ☐ No ☐*	**If *YES*, what phase number?**	
Project Address		**City / Zip Code**	
Within City limits?	*Yes ☐ No ☐*	**County**	
Occupancy Type		**Date of Original Construction** (Must be Provided)	
Construction Type	Existing Remodel	**Number of Stories**	
Project Type (Provide a letter describing the work being done)	*Repair[1] ☐ Level 1 ☐* *Level 2 ☐ Level 3 ☐* *Historical Building ☐*	**Occupant Load – Existing** **Occupant Load – Remodel**	
Total Square Footage		**Work Area Square Footage**	
Wall Type (Remodel Area)	*CMU Wall ☐ Wood Stud ☐* *Metal Stud ☐*		

1: Please refer to Section 105.2 and Chapter 5, 2018 edition of the IEBC for clarification.
2: Please refer to OUBCC Modifications to all applicable codes and OAR 748:20-7-7 for clarification.

Architect / Designer Information			
Architect/Designer			
E-mail Address			
Phone Number		**Fax Number**	

Owner Information			
Project Owner			
E-mail Address			
Phone Number		**Fax Number**	

Fire Protection and Building Features			
Sprinkler System Being Installed? *Existing Sprinkler System Installed?*	*Yes ☐ No ☐* *Yes ☐ No ☐*	*Fire Alarm System Being Installed?* *Voice Evacuation System Being Installed?*	*Yes ☐ No ☐* *Yes ☐ No ☐*
Sprinkler Pump Being Installed? *Existing Sprinkler Pump Installed?*	*Yes ☐ No ☐* *Yes ☐ No ☐*	*Existing Building Has A Fire Alarm System?* *Existing System Meets Current Code Requirements*	*Yes ☐ No ☐* *Yes ☐ No ☐*
Fire Sprinkler Tank Being Installed? *Existing Fire Sprinkler Tank Installed?*	*Yes ☐ No ☐* *Yes ☐ No ☐*	*Partial sprinkler coverage requires 2-hour fire separation.*	
Full or Partial Coverage	*Full ☐ Partial ☐*	*Existing Elevator or Lift Installed?* *Electric ☐ Hydraulic ☐*	*Yes ☐ No ☐*
Hood/Alternative Suppression System Being Installed?	*Yes ☐ No ☐*	*Smoke Control System Being Installed?*	*Yes ☐ No ☐*
Fuel Burning Appliance/Fireplace/Fuel Burning Forced Air Furnace Installed?	*Yes ☐ No ☒*	*Fire Alarm/CO System being installed?*	*Yes ☐ No ☐*

Carbonated Beverage System Being Installed? *Carbonated Beverage System Currently Installed?*	Yes ☐ No ☐ Yes ☐ No ☐	*Carbon Dioxide Detection System being Installed?*	Yes ☐ No ☐
Access Controlled Egress Being Installed?	Yes ☐ No ☐	*Is A Return Air Plenum Being Provided?*	Yes ☐ No ☐
Active Shooter/Intruder System Being Installed? *Active Shooter/Intruder System Currently Installed?*	Yes ☐ No ☐ Yes ☐ No ☐	*Storm Shelter Being Installed?*	Yes ☐ No ☐
Building Not Previously Occupied	Yes ☐ No ☐	*Building Previously Occupied*	Yes ☐ No ☐
Has The Building Been Un-occupied or Vacated For 90 Days Or More?	Yes ☐ No ☐	*Is The Occupancy Type Being Changed?* *If So, What Was The Occupancy Type Before?*	Yes ☐ No ☐
Any OUBCC Changes To The State Adopted Building Codes Being Applied, Explain Each.	Yes ☐ No ☐	*Have Any Alternates Been Accepted And Applied? If So, Explain Each.*	Yes ☐ No ☐
Cost of the project?			

NOTE: All required systems shall be reviewed and permitted prior to on-site inspections occurring

Architect / Engineer Information

Please place the Architect's or Engineers stamp in the box provided.
(If Applicable)
All building drawings requiring an Architect or Engineer must also be stamped on the drawings prior to review.

Place Architect's or Engineer's Stamp Here As per the Oklahoma Architects/Engineers Act

Contact Information

Name:	
Street Address:	
City:	State: Zip:
E-mail:	
Phone:	
Remarks / Scope of work:	

//// FIRE LINE - DO NOT CROSS \\\\ FIRE LINE - DO NOT CROSS ///// FIRE LINE - DO NOT CROSS \\\\

1st Contact: Date/Person Contacted	2nd Contact: Date/Person Contacted	3rd Contact: Date/Person Contacted
Name	Name	Name
Date	Date	Date