

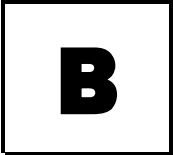
For CSG Consultants Staff Use Only

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



**New Construction Building
Plan Check Application Form**

- 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 this 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 <input type="checkbox"/> No <input type="checkbox"/>	If YES, what phase number?	
Project Address		City / Zip Code	
Within the city limits?	Yes <input type="checkbox"/> No <input type="checkbox"/>	County	
Construction Type	CMU Wall <input type="checkbox"/> Wood Stud <input type="checkbox"/> Metal Stud <input type="checkbox"/>	Number of Stories	
Occupancy Type		Occupant Load: New&Existing	
Total Square Footage (All floors, Roof Overhangs)			

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

<i>Sprinkler System Being Installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Fire Alarm System Being Installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Existing Sprinkler System Installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Voice Evacuation System Being Installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Sprinkler Pump Being Installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Fire Sprinkler Tank Being Installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Existing Sprinkler Pump Installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Existing Fire Sprinkler Tank Installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Full or Partial Coverage</i>	Full <input type="checkbox"/> Partial <input type="checkbox"/>	<i>Partial sprinkler coverage requires 2-hour fire separation.</i>	
<i>Building Area Increase Being Applied?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Building Area Increase by:</i>	Sprinkler <input type="checkbox"/> Frontage <input type="checkbox"/> Both <input type="checkbox"/>
<i>Hood/ Alternative Suppression System Being Installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Elevator or Lift Being Installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Electric <input type="checkbox"/> Hydraulic <input type="checkbox"/>	
<i>Smoke Control System Being Installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Any OUBCC Changes To The State Adopted Building Codes Being Applied, Explain Each.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Is This A Pre-Engineered Metal Building?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Is A Return Air Plenum Being Provided?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Is this An Unlimited Area Building?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Have Any Alternates Been Accepted And Applied? If So, Explain Each.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Fuel Burning Appliance/Fireplace/Fuel Burning Forced Air Furnace Being Installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Separate CO System being installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		<i>Fire Alarm/CO System being installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Carbonated Beverage System Being Installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Carbon Dioxide Detection System being Installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Access Controlled Egress Being Installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Building Previously Occupied?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<i>Active Shooter/Intruder System Being Installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Storm Shelter Being Installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Active Shooter/Intruder System Currently Installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Cost of Project?</i>			

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:					

"Form used with permission of the Oklahoma State Fire Marshal's Office"



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