

Santa Margarita Fire Department Post Office Box 67
Santa Margarita, CA 93453 Message Phone 805-438-3185

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FIRE PLAN APPLICATION

Project/Permit Number : _____

APN: _____ - _____ - _____

Commercial _____ Residential _____

The following information/attachments must be submitted with Fire Plan Application Site Plans:

Access roads, driveways, turnouts, proposed and existing buildings, setbacks, and location of the fire hydrant and/or residential fire connections, floor plans, elevations, locations of LPG or gas meter, and Electricity Shut-off locations. All measurements shall be noted on the plans.

APPLICANT INFORMATION:

Owner's Name: _____

Mailing Address: _____

City: _____ State: _____

Zip: _____

Daytime Phone: () _____

Home Phone: () _____

AGENT INFORMATION:

Agent/Owner's Representative: _____

Mailing Address: _____

City: _____ State: _____

Zip: _____

Daytime Phone: () _____

Other Phone: () _____

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PROJECT LOCATION:

Address: _____

Nearest Cross Street(s): _____

Parcel Size: _____

PROJECT INFORMATION:

Type of Project: New Construction _____ Remodel _____ Addition _____

Existing Structure: _____ SF New Construction: _____ SF

Total of Finished Project: _____ SF 1st Floor _____ SF 2nd Floor _____ SF

Garage _____ SF Covered Porch _____ SF Attic Space used as storage _____ SF

Other (explain): _____ SF

Size of any structure(s) located within 50 feet of this project: _____ SF, _____ SF

FIRE SPRINKLERS •

Each project will be evaluated to determine fire sprinkler requirements based on California Fire Code section 903.

FIRE DEPARTMENT ACCESS:

Any portion of the access road or driveway equal or exceed a 10% grade? Yes _____ No _____

Is there an existing gate or will you be installing a new gate on the property? Yes _____ No _____

Where will the Knox Box be located: _____

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Utilities:

The water for this project will be supplied by CSA 23. Yes ____ No ____

A Community Water System Verification Form must be attached to the application from CSA 23.

The Santa Margarita Fire Department does not approve of the use of On-site Wells.

What is the location of the nearest fire hydrant to the project: _____ Feet

COMMENTS:

Please provide any additional information you feel will be helpful in our fire safety evaluation.

The Fire Safety Plan for this project will be delivered to the County Planning Department and a copy mailed to you within four weeks after all required information is received by the Department. A copy of the requirements shall remain on the project site until the final inspection or a certification of occupancy has been issued. If you have any questions, please feel free to contact the Santa Margarita Fire Department by calling (805) 438-3185, or visit the Fire Station.

Signature of Applicant/Agent: _____

Date: _____