



**City of Roseville**  
**Fire Plan Submittal Application Form**  
 311 Vernon St, Roseville, CA 95678  
 Phone (916) 774-5800 Fax (916) 774-5819

<b>Fire System BD#:</b>	<b>Associated BD #:</b>	<b>Date:</b>
<b>Project Name:</b>		
<b>Project Address:</b>		
<input type="checkbox"/> <b>New Construction</b>	<input type="checkbox"/> <b>Tenant Improvement (TI)</b>	
<b>Resubmittal:</b>	<b>Other:</b>	
<input type="checkbox"/> <b>1<sup>st</sup></b> <input type="checkbox"/> <b>2<sup>nd</sup></b> <input type="checkbox"/> <b>#</b>	<b>Fee:</b>	
<b>Brief Description of Work Proposed</b>		
<b>ALL APPLICABLE FEES MUST BE PAID AT TIME OF PLAN SUBMITTAL.        BD NUMBER AND PROJECT STREET ADDRESS REQUIRED FOR ALL SUBMITTALS AND INQUIRIES.</b>		

**Fire Alarm System – New Installation**

- New Installation
- Large Project > 50 Notification Devices
- High Rise
- Smoke Management System

**Specialty Fire Extinguishing System**

- Kitchen Hood Suppression - New Installation
- Kitchen Hood Suppression - TI
- Spray Booth
- Clean Agent

**Fire Alarm System – Tenant Improvement**

- 1 Notification Device Only\*
- Kitchen Hood Suppression - Monitoring Tie-in Only\*
- Tenant Improvement

**Aboveground Storage Tanks**

- Tank Installation
- System Modification

**Fire Sprinkler System – New Installation**

- 1-99 Sprinkler Heads
- 100-199 Sprinkler Heads
- 200 or more Sprinkler Heads
- Fire Standpipe System
- Fire Pump System

**Underground Storage Tanks**

- Tank Installation
- System Modification
- UST Piping Upgrade

**Fire Sprinkler System – Tenant Improvement**

- 1 – 5 Sprinkler Heads\*
- 6 - 50 Sprinkler Heads
- 51 or more Sprinkler Heads

**Compressed Gas System**

- Medical Gas
- Hazardous Material

**\*Plans submitted for these applications will not be stamped. Field Verification Only.**



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### Licensed Contractor's Declaration

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

Company Name:

Phone Number:

Email Address:

License Class:

License Number:

License Expiration Date:

City Business License Number:

Signature of Contractor:

Date:

### WORKERS' COMPENSATION DECLARATION *(Please only check one box)*

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

I hereby affirm under penalty of perjury one of the following declarations:

1.  I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations, as provided by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

2.  I have and will maintain workers' compensation insurance as required by Section 3700 of the Labor Code for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier:

Policy Number:

Expiration Date:

Name of Agent:

Phone Number:

3.  I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.



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Applicant's Signature:

Date:

### Electronic / Digital Signature Disclosure

I understand and agree that (i) electronically signing and submitting any document(s) to the City of Roseville legally binds me in the same manner as if I had signed in a non-electronic or non-digital form, and (ii) the electronically stored copy of my signature, any written instruction or authorization and any other document provided to me by the City of Roseville, is considered to be the true, accurate and legally enforceable record in any proceeding to the same extent as if such documents were originally generated and maintained in printed form. I agree not to contest the admissibility or enforceability of the City of Roseville's electronically stored copy of any other documents.

By using the system to electronically sign and submit any document, I agree to the terms and conditions of this Electronic/Digital Signature Disclosure.

Signature of Applicant:

Date: