



COUNTY OF LOS ANGELES FIRE DEPARTMENT

Fire Prevention Division
Area 3 Santa Clarita
23757 VALENCIA BLVD
SANTA CLARITA, CA 91355-2192
661-286-8821

PLAN REFERENCE SHEET

Initial

Resubmittal

Tenant Improvement

Date: _____ APN NO. _____

Project Location or Street Address: _____

Name of Project: _____

City: _____ Contact Person: _____

Phone No.: (____) _____ Alternate No.: (____) _____

Occupancy Type: A B E F H I M R S U

Check Appropriate Box:

- Residential New Dwelling Addition
- Commercial/ Business
- Fire Sprinklers – Residential _____ Commercial _____
- Tent Permit _____ Special Event _____
- Hood System
- Other – Specify
- Hydrant and Access Plan Review

BILLING INFORMATION:

Full Name: _____

Telephone #: _____

Address/Billing Company: _____

City: _____ State: _____ Zip Code: _____

Email: _____

****Office use only: Date called for pick-up: _____ Action: _____**

Invoice #: _____ Paid: _____ Sent: _____