



Sacramento Metropolitan Fire District

Community Risk Reduction Division

www.metrofire.ca.gov

10545 Armstrong Ave., Suite 310 · Mather, CA 95655 · Phone (916) 859-4330 · Fax (916) 859-3717

FOR OFFICE USE ONLY

Occupancy ID: _____ Received Stamp: _____

Permit #: _____

Account#: _____

Invoice #: _____ RCV'D By: _____

PLAN CHECK RE-SUBMITTAL FORM

Please print clearly and enter all of the information requested. Complete this form and return it by fax to 916-859-3717 or by E-mail to smfdccrdofficesupport@metrofire.ca.gov

Occupancy ID: _____

Permit #: _____

Project Name: _____

Project Address: _____

City: _____

Zip: _____

In order to process your plan accordingly, please choose one of the following plan type codes:

- | | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|--------------------------------|
| <input type="checkbox"/> AGT | <input type="checkbox"/> DCS | <input type="checkbox"/> FTP | <input type="checkbox"/> LPR | <input type="checkbox"/> SPA | <input type="checkbox"/> TRE |
| <input type="checkbox"/> AWY | <input type="checkbox"/> EP3 | <input type="checkbox"/> FWK | <input type="checkbox"/> NBP | <input type="checkbox"/> SPB | <input type="checkbox"/> TST |
| <input type="checkbox"/> BCF | <input type="checkbox"/> EPK | <input type="checkbox"/> HDP | <input type="checkbox"/> PBP | <input type="checkbox"/> SPC | <input type="checkbox"/> UGS |
| <input type="checkbox"/> CAS | <input type="checkbox"/> EPP | <input type="checkbox"/> HHH | <input type="checkbox"/> PLN | <input type="checkbox"/> SPM | <input type="checkbox"/> UGT |
| <input type="checkbox"/> CCF | <input type="checkbox"/> EPR | <input type="checkbox"/> HMD | <input type="checkbox"/> RAC | <input type="checkbox"/> SPR | <input type="checkbox"/> Other |
| <input type="checkbox"/> CEL | <input type="checkbox"/> EPS | <input type="checkbox"/> HMS | <input type="checkbox"/> RCF | <input type="checkbox"/> STP | <input type="checkbox"/> |
| <input type="checkbox"/> CFO | <input type="checkbox"/> EVR | <input type="checkbox"/> HPS | <input type="checkbox"/> SFP | <input type="checkbox"/> STT | <input type="checkbox"/> |
| <input type="checkbox"/> CGH | <input type="checkbox"/> FAA | <input type="checkbox"/> KIO | <input type="checkbox"/> SIC | <input type="checkbox"/> TBU | <input type="checkbox"/> |
| <input type="checkbox"/> CGM | <input type="checkbox"/> FAL | <input type="checkbox"/> LFD | <input type="checkbox"/> SIG | <input type="checkbox"/> TIP | <input type="checkbox"/> |
| <input type="checkbox"/> COR | <input type="checkbox"/> FSS | <input type="checkbox"/> LPG | <input type="checkbox"/> SIR | <input type="checkbox"/> TNT | <input type="checkbox"/> |

Is this your first re-submittal for this project and plan type? Yes No If you answered "no" additional fees will be due.

Was the original submittal expedited? Yes No If you answered "yes" additional fees will be due.

Is this a re-submittal after approval? Yes No If you answered "yes", additional fees will be due.

Company Name: _____

Address: _____

City: _____

Zip: _____

Contact Name: _____

Phone#: _____

Cell#: _____

Email Address: _____