



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: _____

EXPEDITED PLAN REVIEW 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: _____

The plans being submitted meet one of the following criteria: (**choose one**)

Above Ground Tank

Cellular Tower

Commercial Building – **Addition** – under 10,000 sq. ft.

Commercial Building – **New** – under 10,000 sq. ft.

Doors – Interior and Exterior – Installation

Facades and Awnings – Exterior

Fences and Gates – Perimeter

Fire Alarm System for areas under 10,000 sq. ft.

Flow and Tamper Alarm System

Hood and Duct System

Propane Tank – Underground

Propane Tank – Aboveground

Paint Spray Booth

Solar Panels for areas under 10,000 sq. ft.

Sprinklers – Commercial – areas under 10,000 sq. ft. **Residential sprinkler plans cannot be expedited**

Tenant Improvement under 10,000 sq. ft.

Underground Fire System

I, the undersigned, acknowledge that the Expedited Plan Review is voluntary on my part and also on the part of the plan reviewer. Once plans are accepted and processed as an expedited project, the plan review should be completed **within 10 business days**. Plans submitted under the expedited process will remain in that process through final approval. Expedite fees are due and payable when the plans are submitted – this includes the initial submittal and **every re-submittal**.

By (Print Name): _____

Signed: _____