PLAN LOG IN SHEET

All Information must be filled out completely.

If ALL information is not provided, your plans will be REJECTED or DELAYED for plan review. If you have any questions, please ask for assistance.

Date:_____ Project Name:_____

Project Address:_____

Installing contractor name: _____

Installing contractor address: _____Phone:_____

Installing contractor state license #:_____

Contact Person: Name: _____Phone:_____

City Business License # :_____ Expiration date :_____(must be current to pull permits)

*****You must complete the following: (please circle those that apply)*****

***Please Circle One:**

Residential Sprinkler System

Commercial Sprinkler System

Alarm System

Fire Protection Underground

Fixed Extinguishing System

Other Fire System_ Please Describe:_____

***Please Circle One:**

New

Tenant Improvement

Resubmittal

As-built

For Office Use Only

Permit Number: _____ Bin Number: _____

Assigned inspector: _____

Person contacted for permit pick up:_____ Date:_____

Permit and plans retrieved by :

Print name:_____Signature:_____Date:_____

City of Riverside Fire Prevention * 3900 Main St. Riverside, CA 92522
Phone: (951) 826-5737 Fax: (951) 826-2539