



# NORTHSTAR FIRE DEPARTMENT



## Commercial Tenant Improvement (T.I.) Plan Review - Application

Date \_\_\_\_\_ County Issued Permit Number \_\_\_\_\_ County \_\_\_\_\_

Project Address \_\_\_\_\_

APN \_\_\_\_\_ Occupancy Type \_\_\_\_\_ Change in occupancy type?    No    Yes

Are there other permit numbers associated with this address? Provide here \_\_\_\_\_

Number of Floors \_\_\_\_\_ Total Existing Floor Area (Sq. Ft.) \_\_\_\_\_

Is the building currently sprinklered?            No    Yes

Project Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has there been a Pre-Development meeting held with Northstar Fire Department for this project?  
       No    Yes (Date(s) of meeting(s) \_\_\_\_\_)

Is this a plan review resubmittal?            No    Yes (Date of last submittal \_\_\_\_\_)

**General Contractor**

Name \_\_\_\_\_ Business Name \_\_\_\_\_

CA License # \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

**Business Owner**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

**Main Contact**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

**Review the statements below. Check the boxes once the statements have been reviewed.**

Plan review turnaround is 7-10 business days from the date plan review fees are paid.  
NFD is no longer able to approve plans with conditions. If any of the requirements are missing, plans

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will not be approved and will be subject to resubmittals and resubmittal fees. All resubmittals trigger a new 7-10 business day turnaround.

### **Check the requirements to ensure all are met prior to submitting.**

A complete set of the construction/remodel plans stamped and signed by the design professional(s).

Applicable building codes and standards must be noted on the cover sheet, including the NFD Amended fire code.

The county issued project permit number. If the permit issuance checklist is already issued, include with submittal. If not, you will be required to submit a copy to NFD once it is issued.

Pre-Development Meeting Findings/Alternate Materials and Methods Request (If applicable).

Plans must be submitted to [bolk@northstarcsd.org](mailto:bolk@northstarcsd.org).

Once the plans are reviewed/approved AND any cost recovery/mitigation fees have been paid, NFD will sign-off the workflow in Placer County's system and add any **fire** flags/holds/notes that will be required for project final. The approval of this review will allow for permit issuance from the county if their requirements have been met.

I hereby acknowledge that I have read and understand NFD's requirements above for plan review. Furthermore, I acknowledge that if any of the requirements are not complied with, the plans/project will fail review and will be subject to resubmittals and resubmittal fees. By signing below, I am verifying that I have met the requirements for this submittal.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Review this section below **after** plan review is complete.*

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### **For office use only:**

Deferred Fire plan review submittals that will be required for this project:

- Sprinkler Plan Review
- Generator Plan Review
- Solar Plan Review
- LPG/UGT Plan Review
- Fire Alarm Plan Review
- Hood and Duct Plan Review
- UL-300 Plan Review
- Fire Pit Review

Fire Inspections that will be required for this project:

- Underground Fire Sprinkler Rough - Hydro + Flush only (NCSD Utilities performs Trench Inspection)

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Above Ground Fire Sprinkler Rough (including Hydro + Flush) & Final  
Fire Alarm Rough & Final  
LPG/UGT Rough & Final  
Hood and Duct Final  
UL-300 Rough and Final  
Knox Box (performed during Fire Final)  
Fire Pit (performed during Fire Final)  
Generator (performed during Fire Final)  
Solar Panel (performed during Fire Final)  
Smoke & CO Detectors (performed during Fire Final)  
Fire Final (Lock-out/Tag-out at street riser, 3-hour timer @ outdoor gas NG appliances,  
gas meter)

To request for an inspection, contact the Northstar Fire Department at (530) 562-1212 ext.1.

Additional Plan Review Comments:

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Date completed \_\_\_\_\_ Approved          Not approved, resubmittal required

County Workflow Cleared    Yes    No    Mitigation/Developer Fees Due:    Yes          No

Cost Recovery Fees

Due \$ \_\_\_\_\_ Paid on \_\_\_\_\_ Last four CC# \_\_\_\_\_ Check # \_\_\_\_\_