



NORTHSTAR FIRE DEPARTMENT



Cell Site/Cell Tower Plan Review - Application

Date _____ County Issued Permit Number _____ APN _____

Project Address/Location _____ County _____

Will work involve the install or retrofitting of emergency and standby power? Yes No

Project Description _____

Is this a resubmittal? No Yes (Date of last submittal _____)

Has there been a Pre-Development meeting for this project?

 No Yes (Date(s) of meeting(s) _____)

General Contractor

Name _____ Business Name _____

CA License # _____ Phone Number _____

Email _____

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 for a generator install is required to be a part of the Placer County building permit approval process.

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 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.

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

A Site Plan showing location of the generator, power disconnect, and the shunt (If applicable).

The location of an axillary power disconnect and sign must be depicted in the plans per NFD Ordinance (if applicable) which says:

“Any new structure or remodel that has electrical power supplied by a secondary or auxiliary power unit with automatic startup and/or automatic power transfer capabilities shall have an auxiliary power disconnect accessible to Fire Department personnel. This auxiliary power disconnect must be mounted within three (3) feet of the exterior’s main electrical disconnect or the main power electrical shunt trip/switch.

A permanently mounted, weatherproof placard. The placard shall be no smaller than 8 inches in width and 12 inches in height with reflective letters no smaller than 1 inch in height marked with “STANDBY POWER AUXILIARY POWER DISCONNECT” and placed on the exterior of the house near the service/auxiliary.”

The location of the shunt must be depicted in the plans per CFC Section 509 (If applicable).

Cut sheets for the generator (if applicable).

Cut sheets for the shunt per CFC Section 509 (If applicable).

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 NTF once it is issued.

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

Plans must be submitted to jgibeaut@northstarcsd.org.

Once the project is reviewed and approved, NFD will sign-off the workflow in the 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 the 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 associated fees. By signing below, I am verifying that I have met the requirements for this submittal.

Signature _____ Date _____

Review section below after plan review is complete.

For office use only:

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Final Fire Inspections that will be required for this project:

Final Inspection for Placement of Shunt, Auxiliary Switch and Signage

Final Defensible Space Inspection

To schedule any of these inspections, contact the Northstar Fire Department at (530) 562-1212.

Additional Plan Review Comments:

Date completed _____ Approved _____ Not approved, resubmittal required _____

County Workflow Cleared Yes No

Cost Recovery Fees

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