



E-SUBMITTAL CHECKLIST AND QUESTIONNAIRE

Please save and upload **PDFs** of all required DOCUMENTS and PLANS from the checklist below. All pre-application attachments uploaded to the Online Plan Submission Portal must comply with the E-Plan Submittal Requirements.

- STEP 1:** Select project group: **BUILDING AND GRADING**
- STEP 2:** Select project type: **TENANT IMPROVEMENT AND OTHER COMMERCIAL PROJECTS**
- STEP 3:** Complete the required documents and questionnaire (if applicable) below.
- STEP 4:** Log in to the [Online Plan Submission Portal](#) and enter your project information to begin the pre-application process.
- STEP 5:** Upload your completed PDF documents.

ADDITIONAL INFORMATION

1. All submissions must comply with the City of Irvine [E-Plan Submittal Requirements](#).
2. All commercial projects and most residential projects, with the exception to residential remodels/additions that do not add conditioned space, are required to submit an online [Construction and Demolition Waste Management Plan](#). This must be completed and approved before a permit can be issued.
3. Once your pre-application has been processed, you will receive a request for payment of your plan review fees. Please note, your submittal will not be distributed to applicable City departments, nor will your plan review period begin, until payment has been received.
4. If you are only looking to receive Advanced Plan Check Fees and do not have plan sheets to upload for review yet, upload this completed E-Submittal Checklist and Questionnaire in PDF as a plan document to the Online Plan Submission Portal. Staff will send you the plan check fees, assuming the plans will be submitted at a later date.

DOCUMENTS

- ☐ [Electronic/Digital Signature Disclosure](#)
- ☐ [Building Permit Application](#)
- ☐ [Building Data Sheet](#) (If applicable)
- ☐ [Commercial Take-Off Sheet](#) (If applicable)
- ☐ [Recycling and Diversion of Construction and Demolition Waste Assessment 2.0](#)
- ☐ [OCFA Plan Submittal Criteria](#) (NOTE: Upon review, City staff will email an OCFA SR Form if required)
- ☐ [Developer Deposit Case Set Up](#) (If applicable)
- ☐ [Tenant Improvement Title Sheet](#) (Plans must be formatted utilizing the standard title sheet)

QUESTIONNAIRE

1. Does the scope of work include any asphalt removal? ☐ YES ☐ NO If YES, how many sq. ft.? _____
Trenching (Asphalt removal and repair is incidental to interior work; surface markings will be restored like-for-like)
Parking Lot Modification (mill & overlay, slurry seal & re-stripe, lot rehabilitation, etc.)
2. Does this scope of work include any roof-top mechanical? ☐ YES ☐ NO (If YES, complete 2a and 2b)
 - 2a. Will there be any new pads/curbs installed for the roof-top equipment? ☐ YES ☐ NO
 - 2b. Will the existing pads/curbs be modified or enhanced? ☐ YES ☐ NO



COMMUNITY DEVELOPMENT
Building and Safety

BUILDING PERMIT APPLICATION

| | |
|----------------------------|-------|
| FOR OFFICE USE ONLY | |
| PLAN CHECK #: | _____ |
| SUBMITTAL DATE: | _____ |
| TARGET DATE: | _____ |
| EXP DATE: | _____ |

| | | | |
|--|--|-------|-------------|
| PROJECT ADDRESS | | SUITE | GRID NUMBER |
| TRACT | | LOT | UNITS |
| RESIDENTIAL TRACTS: PRODUCT NAME | | PHASE | VILLAGE |
| PERMIT TYPES APPLIED FOR | | | |
| <input type="checkbox"/> RESIDENTIAL BUILDING <input type="checkbox"/> COMMERCIAL BUILDING <input type="checkbox"/> STRUCTURAL <input type="checkbox"/> NON-STRUCTURAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> MECHANICAL | | | |

| APPLICANT INFORMATION | | | PROJECT INFORMATION | |
|------------------------|-------|-----|--|---|
| APPLICANT/COMPANY NAME | | | DESCRIPTION OF WORK | |
| ADDRESS | CITY | ZIP | | |
| CONTACT | PHONE | | | |
| EMAIL | | | | |
| OWNER OF THE PROPERTY | | | DOES THE SCOPE INCLUDE AN ACCESSORY DWELLING UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| ADDRESS | CITY | ZIP | DOES THE PROPOSED USE INCLUDE MEDICAL OR CHIROPRACTIC OFFICES; OR RETAIL OR WAREHOUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| CONTACT | | | OCCUPANCY GROUP(S) | CONSTRUCTION TYPE |
| PHONE | EXT | FAX | OCCUPANCY CURRENT | PROPOSED |
| TENANT NAME | | | VALUATION | NO. OF STORIES |
| | | | | SPRINKLERS <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | A/C <input type="checkbox"/> YES <input type="checkbox"/> NO |

FOR OFFICE USE ONLY: PLAN CHECK FEE SUMMARY

| | |
|-----------------|-------------------|
| BUILDING: _____ | ELECTRICAL: _____ |
| ENERGY: _____ | MECHANICAL: _____ |
| ZONING: _____ | PLUMBING: _____ |
| WMPB: _____ | AUTOMATION: _____ |

TOTAL PLAN CHECK FEES: \$ _____

| | |
|-------------------------|--------------------------|
| RECEIPT #: _____ | CUSTOMER #: _____ |
| IFAS#: _____ | EST INITIALS: _____ |
| TMPL#: _____ | SUB INITIALS: _____ |
| TMPL#: _____ | TMPL#: _____ |
| TMPL#: _____ | WMPB#: _____ |

BY SIGNING BELOW, I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT.

EXISTING BUILDINGS

CHECK ALL THAT APPLY TO YOUR SCOPE OF WORK

| | |
|---|---|
| <input type="checkbox"/> INT. ALT. _____ sq.ft. | <input type="checkbox"/> DEMOLITION _____ sq.ft. |
| <input type="checkbox"/> EXT. ALT. _____ sq.ft. | <input type="checkbox"/> REPAIR _____ sq.ft. |
| <input type="checkbox"/> ADDITION _____ sq.ft. | <input type="checkbox"/> PARKING LOT _____ sq.ft. |
| NO. OF SPACES _____ | |

NEW BUILDINGS ONLY

COMMERCIAL: Complete data sheet for multiple buildings.

TOTAL NUMBER OF BUILDINGS: _____

TOTAL SQ. FT. OF ALL BUILDINGS: _____

RESIDENTIAL: Complete data sheet for multiple floor plans.

CHECK ONE: ☐ MODELS ☐ PRODUCTION

CHECK ONE: ☐ SFD ☐ DET CONDO

CHECK ONE: ☐ ATT CONDO ☐ APT

TOTAL NUMBER OF DWELLING UNITS: _____

TOTAL SQ. FT. OF DWELLING UNITS: _____

| | | |
|---------------------|----------------------|------|
| APPLICANT SIGNATURE | PRINT APPLICANT NAME | DATE |
|---------------------|----------------------|------|



COMMUNITY DEVELOPMENT
Building and Safety

FOR OFFICE USE ONLY

PLAN CHECK#: _____

BUILDING DATA SHEET

| | | | |
|---|--|---------------------------------|--------------------------------|
| BUILDING FLOOR PLAN NUMBER | ADDRESS(ES) | TEMPLATE NUMBER | |
| LOT NUMBER(S) | UNIT NUMBER(S) | NO. OF BLDGS OF THIS FLOOR PLAN | NO. OF DWELLING UNITS PER BLDG |
| BUILDING USES | | BUILDING AREAS (sq. ft.) | |
| NUMBER OF STORIES | SPRINKLERS <input type="checkbox"/> YES <input type="checkbox"/> NO | TOTAL BUILDING AREA (sq. ft.) | |
| OCCUPANCY GROUP(S) | CONSTRUCTION TYPE | NOTES/COMMENTS | |
| PV PANELS <input type="checkbox"/> YES <input type="checkbox"/> NO | PV SYSTEM WATTAGE kw (DC) | PV TEMPLATE NUMBER | |

| | | | |
|---|--|---------------------------------|--------------------------------|
| BUILDING FLOOR PLAN NUMBER | ADDRESS(ES) | TEMPLATE NUMBER | |
| LOT NUMBER(S) | UNIT NUMBER(S) | NO. OF BLDGS OF THIS FLOOR PLAN | NO. OF DWELLING UNITS PER BLDG |
| BUILDING USES | | BUILDING AREAS (sq. ft.) | |
| NUMBER OF STORIES | SPRINKLERS <input type="checkbox"/> YES <input type="checkbox"/> NO | TOTAL BUILDING AREA (sq. ft.) | |
| OCCUPANCY GROUP(S) | CONSTRUCTION TYPE | NOTES/COMMENTS | |
| PV PANELS <input type="checkbox"/> YES <input type="checkbox"/> NO | PV SYSTEM WATTAGE kw (DC) | PV TEMPLATE NUMBER | |

| | | | |
|---|--|---------------------------------|--------------------------------|
| BUILDING FLOOR PLAN NUMBER | ADDRESS(ES) | TEMPLATE NUMBER | |
| LOT NUMBER(S) | UNIT NUMBER(S) | NO. OF BLDGS OF THIS FLOOR PLAN | NO. OF DWELLING UNITS PER BLDG |
| BUILDING USES | | BUILDING AREAS (sq. ft.) | |
| NUMBER OF STORIES | SPRINKLERS <input type="checkbox"/> YES <input type="checkbox"/> NO | TOTAL BUILDING AREA (sq. ft.) | |
| OCCUPANCY GROUP(S) | CONSTRUCTION TYPE | NOTES/COMMENTS | |
| PV PANELS <input type="checkbox"/> YES <input type="checkbox"/> NO | PV SYSTEM WATTAGE kw (DC) | PV TEMPLATE NUMBER | |



COMMUNITY DEVELOPMENT
Building and Safety

COMMERCIAL TAKE-OFF SHEET

| | |
|----------------------------|-------|
| FOR OFFICE USE ONLY | |
| SUBMITTAL DATE: | _____ |
| PLAN CHECK#: | _____ |
| TEMPLATE#: | _____ |

| | |
|-----------------|--------------|
| PROJECT ADDRESS | SUITE NUMBER |
| | |

| ELECTRICAL ITEMS | | | | | |
|------------------|--|----------|------|---|----------|
| CODE | TYPE OF FIXTURE OR ITEM | QUANTITY | CODE | TYPE OF FIXTURE OR ITEM | QUANTITY |
| E4 | Lighting Fixtures and Switches | | E7 | Outlets, Receptacles and Irrigation Controllers | |
| E4.2 | Pole Mounted Fixture With Footing | | E7.1 | Branch Circuits (including breaker and J-boxes) | |
| E5.7 | Motor, Transformer, Heating/Cooling Appliances and Miscellaneous Equipment (KW, HP or KVA): 0-1 | | E8 | New Illuminated Signs | |
| E5.7 | 2-10 | | E9.3 | Temporary Power Poles | |
| E5.7 | 11-50 | | E9.4 | Distribution Poles | |
| E5.7 | 51-100 | | E8.2 | Time Clock | |
| E5.7 | 101-500 | | E15 | Busway/Cable Tray (Amp/Feet) | |
| E5.7 | Over 500 | | E20 | Switchboard/Panelboard: 0-400 Amps | |
| E6.5 | Service/Meter: 0-400 Amps | | E20 | 401-1200 Amps | |
| E6.5 | 401-1200 Amps | | E20 | Over 1200 Amps | |
| E6.5 | Over 1200 Amps | | E19 | Switchboard Over 600 Volts | |
| E6.5 | Substation Over 600 Volts | | E33 | Solar System (KW) | |

LOW VOLTAGE:

This submittal is solely for the installation, alteration, or repair of low voltage electrical circuits (operating at less than 50 volts) **AND DOES NOT** penetrate a fire-resistance rated assembly or serve equipment restricting free passage through egress doors (does not require plan review).



COMMERCIAL TAKE-OFF SHEET

FOR OFFICE USE ONLY

SUBMITTAL DATE: _____

PLAN CHECK#: _____

TEMPLATE#: _____

PROJECT ADDRESS

SUITE NUMBER

| PLUMBING ITEMS | | | | | | | | |
|----------------|---------------------------|---------------------------------|-----------|------|--|----------------------------|----------------|--|
| CODE | TYPE OF FIXTURE OR ITEM | | QUANTITY | CODE | TYPE OF FIXTURE OR ITEM | | QUANTITY | |
| P2 | Plumbing Fixtures: | Water Closet | | P15 | Storm Drainage: | Rainwater Drain | | |
| P2 | | Urinal | | P15 | | Subsurface Drainage System | | |
| P2 | | Shower, Per Head | | P15 | | Sump Pump | | |
| P2 | | Bathtub or Combo Bathtub/Shower | | P16 | Interceptor/Clarifier/Separator | | | |
| P2 | | Kitchen Sink | | P17 | Repair/Alter to Water Piping | | | |
| P2 | | Lavatory or Other Sink | | P18 | Repair/Alter to Sewer or Waste/Vent Piping | | | |
| P2 | | Drinking Fountain | | P20 | Lawn Sprinkler System Connection | | | |
| P2 | | Hose Bibb | | P21 | Water System: | Booster Pump | | |
| P2 | | Floor Drain | | P21 | | Backflow Device | | |
| P2 | | Floor Sink | | P21 | | Pressure Regulating Valve | | |
| P2 | | Trap Primer | | P21 | | Other Water Using Device | | |
| P2 | | Other: | (Specify) | | P21 | Sewer and Waste: | Building Drain | |
| P3 | | Dishwasher | | P21 | Sewage Ejector | | | |
| P3 | | Clothes Washer | | P21 | Backwater Valve | | | |
| P4 | | Garbage Disposal | | P21 | Manhole | | | |
| P5 | Building Sewer Connection | | | P6 | Cesspool/Holding Tank | | | |
| P12 | Water Heater and/or Vent | | | P7 | Private Sewage Disposal System | | | |
| P12 | Thermal Expansion Tank | | | P26 | Yard Potable Water Dist. (Linear Feet) | | | |
| P33 | Solar Water Heating | | | P26 | Yard Recycled Water Dist. (Linear Feet) | | | |
| P13 | Fuel Gas: | Gas Outlets | | P27 | Yard Gas Dist. (Linear Feet) | | | |
| P31 | | Gas Pressure Regulator | | P28 | Yard Sewer (Linear Feet) | | | |



COMMUNITY DEVELOPMENT
Building and Safety

COMMERCIAL TAKE-OFF SHEET

| | |
|----------------------------|-------|
| FOR OFFICE USE ONLY | |
| SUBMITTAL DATE: | _____ |
| PLAN CHECK#: | _____ |
| TEMPLATE#: | _____ |

| | |
|-----------------|--------------|
| PROJECT ADDRESS | SUITE NUMBER |
| | |

MECHANICAL ITEMS

| CODE | TYPE OF FIXTURE OR ITEM | QUANTITY | CODE | TYPE OF FIXTURE OR ITEM | QUANTITY |
|------|---------------------------------------|----------|------|---|----------|
| M2a | Furnaces: Up to 100,000 BTU/h | | M8 | Each Register/Outlet/Grill | |
| M2a | Over 100,000-500,000 BTU/h | | M8 | Repair/Alter Ducts | |
| M2a | Over 500,000-1,000,000 BTU/h | | M10 | Install/Relocate Cooling Coil | |
| M2a | Over 1,000,000-2,000,000 BTU/h | | M11 | Install/Relocate Reheat Coil | |
| M2a | Over 2,000,000 BTU/h | | M12 | Install/Relocate Electric Strip Heater | |
| M3 | Evaporative Cooler | | M14 | Incidental Gas Piping | |
| | Environmental Vent System: | | M15 | Install/Relocate Suspended Wall/Unit Heater | |
| M4 | Environmental Vent Systems | | M16 | Heating Appliance: Fireplace | |
| M4.1 | Non-HVAC Vent Systems | | M16 | Appliance Vent or Chimney, Listed | |
| | Product Conveying Vent System: | | M16 | Metal Chimney, Unlisted | |
| M5 | Refrigeration Machinery Room | | M17 | AC/Refrigerator Compressor hp | |
| M5 | Class H Occupancy | | M18a | Air Handling Unit: Up to 2,000 CFM | |
| M5 | Fume Hood | | M18a | Over 2,000-10,000 CFM | |
| M5 | Smoke Control System | | M18a | Over 10,000 CFM | |
| M5 | Stair Pressurization System | | M20 | Fire Protection Devices: Fire Damper | |
| M5 | Other: (Specify) | | M20 | Smoke Damper | |
| | Commercial Kitchen: | | M20 | Combo Smoke/Fire Damper | |
| M6 | Type I/II Exhaust Hood | | M20 | Ceiling Radiation Damper | |
| M6.1 | Vent Hood | | M20 | Corridor Damper | |
| | Incinerators: | | M20 | Smoke Detector, Duct-Type | |
| M9 | Industrial Incinerator | | M20 | Smoke Detector, Area-Type | |
| M9.1 | Domestic Incinerator | | | | |



RECYCLING AND DIVERSION OF CONSTRUCTION AND DEMOLITION WASTE ASSESSMENT 2.0

The City of Irvine Municipal Code (Section 6-7-900) and the California Green Building Standards Code (Sections 4.408, 5.408, and 5.713.8) require that most projects recycle and/or divert construction and demolition waste. The purpose for this is to promote the reuse of resources and to help extend the longevity of the local landfills pursuant to the California State law AB 939 (Sher), SB1374 (Kuehl) et al. Complete the questions below to determine if your project is subject to recycle/diversion requirements.

For projects required to comply with these provisions, percentages of materials subject to recycling have increased under the 2016 California Green Building Standards Code and the City of Irvine Municipal Code. The new percentages are as follows:

Residential Projects -

- 75 percent of non-hazardous concrete and asphalt construction and demolition debris.
- 65 percent of all other construction, demolition, excavated soil and land clearing debris.

Non-residential Projects -

- 100 percent of all non-hazardous excavated soil and land clearing debris.
- 75 percent of all non-hazardous concrete and asphalt construction and demolition debris.
- 65 percent of all other non-hazardous construction, demolition debris.

CHECK THE BOXES BELOW AS APPLICABLE - DOES YOUR PROJECT INCLUDE:

| YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A new single family or multi-family residential main building or accessory building? |
| <input type="checkbox"/> | <input type="checkbox"/> | The remodel or renovation of an existing single or multi-family residential building that adds conditioned area or volume? |
| <input type="checkbox"/> | <input type="checkbox"/> | A non-residential project subject to a building permit? |

If you answered YES to any question, your project is subject to the recycling/diversion requirement which includes the approval of a waste management plan and posting of a bond at permit issuance. Bond must be paid by check or surety bond. You may initiate this process at any time by contacting the City's Environmental Programs at 949-724-7669 or visit cityofirvine.org/c&d. [Note: projects with demonstrably small volumes of anticipated debris may be exempted.]

PROJECT ADDRESS

NAME OF INDIVIDUAL COMPLETING ASSESSMENT

COMPANY

SIGNATURE

DATE

IMPORTANT NOTES: (1) The assessment will be verified during plan review. Mistakes in this initial assessment may result in project delays; (2) Some project proponents choose to award the construction contract prior to posting a bond and/or getting the waste management plan approved. While this is completely acceptable, the processing time does become a critical path item. It is therefore important that this step be appropriately included in the overall project schedule.



ORANGE COUNTY FIRE AUTHORITY

COM

Plan Submittal Criteria

COMMERCIAL projects, MULTIFAMILY RESIDENTIAL projects and RESIDENTIAL TRACT developments

INSTRUCTIONS:

- Fill in the project/business address and provide a brief description of the scope of work and type of business operation that will take place.
- Answer questions 1 through 10, read and initial items 11 and 12, then complete and sign the certification section.
- If you answer: - "YES" to *any part* of questions 1 through 10, submit the type of plan indicated in italics to OCFA.
- In some cases, other plan types not indicated herein may also be necessary depending on specific conditions or operations.
- Visit www.ocfa.org for submittal information and locations. If you need assistance in filling out this form or have questions regarding requirements for review, please contact OCFA at 714-573-6108 or visit us at 1 Fire Authority Road, Irvine, CA 92602.

| | | | |
|------------------------------------|-------|------|--------|
| Address | Suite | City | Irvine |
| Project Scope/Business Description | | | |

- YES NO
- ☐ ☐ Construction of a new building, a new story, or increase the footprint of an existing building? Changes to roadways, curbs, or drive aisles? Addition, relocation, or modification of fire hydrants or fences/gates? Construction within 300 feet of an active or proposed oil well? *Fire Master Plan (PR145)*
 - ☐ ☐ Property is adjacent to a wildland area or non-irrigated native vegetation? *Fire Master Plan (PR145); a Fuel Modification Plan may also be required. (PR120, PR124)*
 - ☐ ☐ Located in or < 100' from a Division of Oil, Gas, and Geothermal Resources (DOGGR) field boundary, < 300' from an oil/gas seep, or < 1000' from a landfill? *Methane Work Plan. (PR170)*
 - ☐ ☐ Installation/modification/repair of underground piping, backflow preventers, or fire department connections serving private fire hydrant/sprinkler/standpipe systems? *Underground Plan. (PR470, PR475)*
 - ☐ ☐ Drinking/dining/recreation/meetings/training/religious functions or other gatherings in a room > 750 sq.ft. (> 1,000 sq.ft. for training/adult education) or > 49 people? Healthcare/outpatient services for > 5 people who may be unable to immediately evacuate without assistance? Education for children (*academic tutoring for ages 5+ is exempt unless classified as an E occupancy by the Building Official*)? Adult/child daycare? 24-hour care/supervision? Incarceration or restraint? Hotel/apartment or residential facility with 3+ units and 3+ stories (*3-story townhouses/rowhouses where an independent direct exit to grade is provided for dwelling are exempt*)? Congregate housing/dormitories with 17+ people? High-rise structure (55+ feet to highest occupied floor level)? *Architectural Plan (PR200-PR285)*
 - ☐ ☐ Installation/modification of locks delaying or preventing occupants from leaving a space or requiring use of a card, button, or similar action to open a door in the direction of exit travel? *Architectural, Sprinkler, and/or Alarm Plan depending on the occupancy and type of device installed (PR200-PR280, PR420-PR425, PR500-PR520)*
 - ☐ ☐ Installation/modification/use of spray booths; dust collection; dry cleaning; industrial ovens/drying equipment; industrial/commercial refrigeration systems; compressed gasses; tanks for cryogenic or flammable/combustible liquids; vapor recovery; smoke control; battery back-up/charging systems (> 50 gal. electrolyte, > 1,000 lb. lithium ion); welding/brazing/soldering, open flame torches, cutting/grinding; or other similar operations? *Special Equipment Plan (PR315, PR340-PR382)*
 - ☐ ☐ Storage/use/research with flammable/combustible liquids or other chemicals? Motor vehicle/aircraft maintenance/repair? Cabinetry/woodworking/finishing facility? *Chem Class & floor plan (full architectural plan if H occupancy); Special Equipment Plans may be necessary. (PR315-PR360, PR232-PR240)*
 - ☐ ☐ Storage or merchandizing areas in excess of 500 sq. ft. where items are located higher than 12' (6' for high-hazard commodities, plastic, rubber, foam, etc.)? *High-piled Storage Plan (PR330)*
 - ☐ ☐ Cooking under a Type I commercial hood; installation or modification of a fire extinguishing system located in a commercial cooking hood? *Hood & Duct Extinguishing System, not just the hood mechanical plan. (PR335)*

Initial each of the following two items indicating that you have read and understand the statement:

- ☐ *Sprinklers/Alarms: Consult Building/Fire Codes and ordinances to determine sprinkler/alarm requirements; if a system is required, plans shall be submitted for OCFA review. Existing buildings undergoing remodel must be evaluated by a licensed contractor to determine if modification is needed; if so, contractor shall submit plans prior to making modifications.
Initials _____
- ☐ Fire Hazard Severity Zone: Consult maps available at building department or on OCFA website to determine if your site is located in a FHSZ. Buildings in a FHSZ may be subject to special construction requirements detailed in CBC Chapter 7A or CRC R327—the building department will determine specific requirements.
Initials _____

I certify under penalty of perjury under the laws of the State of California that the above is true:

| | |
|--------------|-----------|
| Print Name | Signature |
| Phone Number | Date |

Building Department: If you have verified that all of the questions have been answered accurately as "NO", and the project does not otherwise require OCFA review of sprinkler or alarm plans*, then you may accept this signed form as a written release that OCFA review is not required. Should you still require that the applicant have plans approved by OCFA, please initial here _____ or attach an OCFA referral form and have the applicant submit the form along with the appropriate plans and fees for OCFA review.

10-08-14 EE



COMMUNITY DEVELOPMENT / PUBLIC WORKS

ELECTRONIC/DIGITAL SIGNATURE DISCLOSURE

I understand and agree that (i) electronically signing and submitting any document(s) to the City of Irvine legally binds me in the same manner as if I had signed in a non-electronic or non-digital form, and (ii) the electronically stored copy of my signature, any written instruction or authorization and any other document provided to me by the City of Irvine, is considered to be the true, accurate, and legally enforceable record in any proceeding to the same extent as if such documents were originally generated and maintained in printed form. I agree not to contest the admissibility or enforceability of the City of Irvine's electronically stored copy of any other documents.

By using the system to electronically sign and submit any document, I agree to the terms and conditions of this Electronic/ Digital Signature Disclosure.

SIGNATURE

DATE