

PARK PERMIT APPLICATION

PLAN CHECK NUMBER					SUBMITTAL	DATE		TARGET DA	ATE		
	C CTDEET	-			710 6005			CDID NILIA	IDED		╛
PROJECT ADDRESS OR CROS	S STREET				ZIP CODE			GRID NUM	IBEK		
PERMIT TYPES APPLIED FOR											
PUBLIC FACILITY (Owned	l or Maint	tained)	PARK (Ch	eck one) [☐ Private ☐ P	ublic [TRAILH	EAD	BIKE TI	RAIL/PATH	\Box
PRIVATE			OTHER (S	pecify)							_
NAME OF PROJECT											
APPLICANT INFO	RMAT	ION			OWNER	INFORM	NOIT				
APPLICANT/COMPANY NAM	IE .				PROPERTY/E	BUILDING OWN	IER				
		low.		1=10	1000566			lam.		la.s	╛
ADDRESS		CITY		ZIP	ADDRESS			CITY		ZIP	
CONTACT		EMAIL			CONTACT			EMAIL			4
CONTRCT		LIVITAL			CONTACT			LIVITALE			
PHONE	EXT	FAX			PHONE		EXT	FAX			
											\exists
SCOPE OF WORK	(Check a	all that an	nlv)								
TYPE OF GRADING/ACRE		πιτιατ αρ	piy)			OTHER					٦
LANDSCAPE/ACRES	.3					OTHER					-
# OF SHADE STRUCTURE	S /S O ET					OTHER					-
COMMUNITY CENTER/SO						OTHER					-
CLUB HOUSE/SQ FT	211					OTHER					-
RESTROOM BLDG/SQ FT						OTHER					-
POOL EQUIPMENT BLDG						OTHER					
POOL/SPA/WADER/SQ F											
SNACK BAR/SQ FT						COMPLETE CO	OMMERCI	AL TAKE-OFF	SHEET FOR:		
POST TENSION SLAB FO	R					SIGHT LIG	HTING				
# FLAG POLES/HEIGHT						ELECTRIC					
# TRASH ENCLOSURES						MECHAN					
						PLUMBIN	G				
											_
BY SIGNING BELOW, I CI	EKIIFY	HE ABO	VE INFORMA	TION TO	BE IRUE AND	CORRECT.					
CICNATURE OF ARRUGANT				IT ADDI ICA	N.T. N. A. A. F.						_
SIGNATURE OF APPLICANT			PRII	NT APPLICA	NI NAME			DATE			
FOR OFFICE USE ONLY	TC	TAL FEES:				T	MPL#:				$\langle \rangle$
		RECEIPT#:				T	MPL#:				X
		IFAS#:				T	MPL#:				X
	CU	STOMER#:				FEE ESTIM	ATOR:				Ž
		TMPL#:				SUBM	ITTAL:				Ž
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PARK PERMIT APPLICATION

PRIOR CASE NUMBER	
ROUTING	ASSIGNMENT/STAFF NAME IF KNOWN
COMMUNITY SERVICES	
PLANNING	
BUILDING	
GRADING	
□ OCFA	
ENGINEERING	
LANDSCAPE	
WQMP	



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PLAN CHECK#:	

BUILDING DATA SHEET

BUILDING FLO	OR PLAN NUMBER	ADDRESS(ES)	TEMPLA	TE NUMBER
LOT NUMBER(S)	UNIT NUMBER(S)	NO. OF BLDGS OF THIS FLOOR PLAN	NO. OF DWELLING UNITS PER BLDG
BUILDING USE	S		BUILDING AREAS (sq. ft.)	
201201110 03E	-		(54.16)	
NUMBER OF ST	TORIES	SPRINKLERS	TOTAL BUILDING AREA (sq. ft.)	
		YES NO		
OCCUPANCY O	GROUP(S)	CONSTRUCTION TYPE	NOTES/COMMENTS	
PV PANELS		PV SYSTEM WATTAGE	PV TEMPLATE NUMBER	
YES	NO		L. Lini Line Hombert	
□ IE3		kw (DC)		
BUILDING FLO	OR PLAN NUMBER	ADDRESS(ES)	TEMPLA ⁻	TE NUMBER
LOT NUMBER(S)	UNIT NUMBER(S)	NO. OF BLDGS OF THIS FLOOR PLAN	NO. OF DWELLING UNITS PER BLDG
LOT MOMBLEN	3,	OTT. NOMBER(3)	NO. OF BEDGS OF THIS TEOORTEAN	NO. OF DWILLING ONLY FER BLOG
DI III DII : 2 :				
BUILDING USE	5		BUILDING AREAS (sq. ft.)	
NUMBER OF S	TORIES	SPRINKLERS	TOTAL BUILDING AREA (sq. ft.)	
		YES NO		
OCCUPANCY (EDOLID(S)	CONSTRUCTION TYPE	NOTES/COMMENTS	
OCCUPANCY (JNOUF(3)	CONSTRUCTION TIPE	INOTES/CONINIENTS	
PV PANELS		PV SYSTEM WATTAGE	PV TEMPLATE NUMBER	
YES	NO	kw (DC)		
	OD DI ANIMILIANES	ADDRECC/FC)	TEMPI AT	TE NII IMPED
ROILDING FLO	OR PLAN NUMBER	ADDRE22(E2)	TEMPLA	TE NUMBER
LOT NUMBER(S)	UNIT NUMBER(S)	NO. OF BLDGS OF THIS FLOOR PLAN	NO. OF DWELLING UNITS PER BLDG
BUILDING USE	S		BUILDING AREAS (sq. ft.)	<u> </u>
AULIANES OF ST	TODIEC	CODINUA FOC	TOTAL DUM DING (DT. (C)	
NUMBER OF S	IORIES	SPRINKLERS	TOTAL BUILDING AREA (sq. ft.)	
		YES NO		
OCCUPANCY (GROUP(S)	CONSTRUCTION TYPE	NOTES/COMMENTS	
PV PANFI S		PV SYSTEM WATTAGE	PV TEMPLATE NUMBER	
PV PANELS YES	NO	PV SYSTEM WATTAGE kw (DC)	PV TEMPLATE NUMBER	



TRANSPORTATION CORRIDOR AGENCIES NON-RESIDENTIAL FEE DETERMINATION

CODE COMPLIANCE NUMBER:		PAGE:	OF: _			
PROJECT INFORMA	TION			FEE DETERMI	NATION	
PROJECT:						
BUILDER:				CORRIDOR AGENCY:		
APPLICANT NAME:		PHON	IE:	ZONE:		
TRACT:	L(OTS:				
ADDRESSES:						
TOTAL NUMBER OF BUILDINGS:						
	PROJECT INFOR	MATION		FEE C	ALCULATION	
ADDRESS	TOTAL SQ. FT.	EXEMPT SQ. FT.	REASON FOR EXEMPTION	BLDG. SQ. FT. SUBJECT TO FEES	FEE PER SQ. FT.	FEE
					TOTAL FEE:	
PREPARED BY :CITY		DATE:	TCA RECEIPT #:		AMOUNT:	
CITY	OF IRVINE					
FOR FEE CREDIT U	SE ONLY (Tob	e completed by Tr	ansportation Corridor Agen	ncy (TCA) STAFF)		
RECEIVED BY:	LETTER OF CREDIT	TTRANSFER NO:	AMOUNT:	DATE: CA	ASH BALANCE DUE	



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FOR OFFICE USE ONLY	
SUBMITTAL DATE:	
PLAN CHECK#:	
TEMPLATE#:	

PROJECT ADDRESS	SUITE NUMBER

ELE	CTRICAL 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		E8	New Illuminated Signs	
E3./	Equipment (KW, HP or KVA): 0-1		E9.3	Temporary Power Poles	
E5.7	2-10		E9.4	Distribution Poles	
E5.7	11-50		E8.2	Time Clock	
E5.7	51-100		E15	Busway/Cable Tray (Amp/Feet)	
E5.7	101-500		E20	Switchboard/Panelboard: 0-400 Amps	
E5.7	Over 500		E20	401-1200 Amps	
E6.5	Service/Meter: 0-400 Amps		E20	Over 1200 Amps	
E6.5	401-1200 Amps		E19	Switchboard Over 600 Volts	
E6.5	Over 1200 Amps		E33	Solar System (KW)	
E6.5	Substation Over 600 Volts				

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).



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TEMPLATE#:

PROJECT ADDRESS	SUITE NUMBER

PLL	IMBING 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)	



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FOR OFFICE USE ONLY
SUBMITTAL DATE:
PLAN CHECK#:
TEMPLATE#:

PROJECT ADDRESS	SUITE NUMBER

E	CHANICAL ITEMS				
DE	TYPE OF FIXTURE OR ITEM	QUANTITY	CODE	TYPE OF FIXTURE OR ITEM	
12a	Furnaces: Up to 100,000 BTU/h		M8	Each Register/Outlet/Grill	
12a	Over 100,000-500,000 BTU/h		M8	Repair/Alter Ducts	
/12a	Over 500,000-1,000,000 BTU/h		M10	Install/Relocate Cooling Coil	
12a	Over 1,000,000-2,000,000 BTU/h		M11	Install/Relocate Reheat Coil	
12a	Over 2,000,000 BTU/h		M12	Install/Relocate Electric Strip Heater	
3	Evaporative Cooler		M14	Incidental Gas Piping	
	Environmental Vent System:		M15	Install/Relocate Suspended Wall/Unit	
1 4	Environmental Vent Systems		IVITS	Heater	
<i>/</i> 14.1	Non-HVAC Vent Systems		M16	Heating Appliance: Fireplace	
	Product Conveying Vent System:		M16	Appliance Vent or Chimney, Listed	
1 5	Refrigeration Machinery Room		M16	Metal Chimney, Unlisted	
Λ 5	Class H Occupancy		M17	AC/Refrigerator Compressor hp	
15	Fume Hood		M18a	Air Handling Unit: Up to 2,000 CFM	
15	Smoke Control System		M18a	Over 2,000-10,000 CFM	
15	Stair Pressurization System		M18a	Over 10,000 CFM	
/ 15	Other: (Specify)		M20	Fire Protection Devices: Fire Damper	
	Commercial Kitchen:		M20	Smoke Damper	
1 6	Type I/II Exhaust Hood		M20	Combo Smoke/Fire Damper	
<i>l</i> 16.1	Vent Hood		M20	Ceiling Radiation Damper	
	Incinerators:		M20	Corridor Damper	
19	Industrial Incinerator		M20	Smoke Detector, Duct-Type	
19.1	Domestic Incinerator		M20	Smoke Detector, Area-Type	



COMMUNITY DEVELOPMENT Development Services

DEVELOPER DEPOSIT CASE SET UP

APPLICANT INFORMATION COMPANY NAME			BILLING INFO SAME AS APPLICANT?	ION	DEPOSIT REFUN		M A T I O N AS BILLING?	
			COMPANY NAME		COMPANY NAME			
ADDRESS		F	ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP	CITY	STATE	ZIP
COMPANY PHONE		C	COMPANY PHONE			COMPANY PHONE		
CONTACT PERSON		(CONTACT PERSON			CONTACT PERSON		
continue i Ensort			eon nei Lison			CONTINUE LIBOR		
CONTACT PHONE		(CONTACT PHONE			CONTACT PHONE		
EMAIL		E	EMAIL			EMAIL		
As an authorized rep	resentative of t	he applicant	t, I hereby consent, by my si	gnature b	pelow, tha	nt I understand the follow	ing:	
sole discretion, a consu all costs for consultant contract rates exceed	ultant may proce services inclusion the hourly rates	ess the applic we of any app s charged by	ost varies according to the si tation. Pursuant to City Cour plicable "in-house" administra (City staff. Project specific In the hourly rates. These pro	ncil Resolu [:] ative costs expenditu	tion 13-50 i. In no in: res such a	, for development applicat stance will the administrat as City Attorney services, p	ions, the appli ive fee plus the postage for ma	cant will pay e consultan ailing public
the minimum balance basis. Accompanying received within seven understands and agre	is remaining. A the invoice will (7) working day ses that City's in % late charge i	II charges for be a statement of the invoices are divided by the impossion of the impossion	g time is charged. Case proce r services beyond the maxim ent, which will include a desc invoice due date, all develop ue and payable within 30 de sed and an additional penal	um baland ription of ament actions ays of invo	ce require services r vities will pice date.	ment will be invoiced to the endered during the billing be suspended until paym If full payment is not reco	he applicant o period. <i>If pay</i> ent is received eived within 6	n a monthly yment is no d. Applican O days fron
Sixty (60) days after the be refunded to the app		he discretion	nary case process, and after fu	III paymen	t of all inv	•	ining deposit a	amounts wil
FOR OFFICE USE OF	VLY							
☐ NEW CASE DEP	OSIT \$			REC	EIPT#			
MINIMUM DEPOSIT REQUIRED YES			NO INI	ORUM G	OLD#		ASE TYPE	
DEPOSIT WAIVE	ED/REDUCED -	EXPLAIN	DD 1	RANSLAT	TION#			
			RELA	TED CAS	ĖS			
ADDITIONAL D	$\times \times $	g case)			AF AND I	OCATION!		
	\$		PRO.	JECT NAM	ME AND L	OCATION		
REOPEN OLD C	HOE .							
****	***	***	STAFF CONTACT	$\times\!\!\times\!\!\times\!\!\times$	$\times\!\!\times\!\!\times\!\!\times$	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ATE	$\times\!\!\times\!\!\times\!\!\times\!\!\times$



SCHOOL FACILITIES FEE DETERMINATION

This form must be submitted in conjunction with all applications for Code Compliance except those for Tenant Improvements.

CODE COMPLIANCE NO.

PART I: PROJE	CT IN	FORI	MATION (To be com	pleted by Applicant)				
PROPERTY OWNER NAME			APPLICANT NAME (If different from Owner)					
OWNER ADDRESS			APPLICANT ADDRESS					
CITY	CTATE	710	DUONE	CITY	CTATE	710	DUONE	
CITY	STATE	ZIP	PHONE	CITY	STATE	ZIP	PHONE	
PROPERTY ADDRESS/LO	OCATIO	N		DESCRIPTION OF WORK	(TO BE	DONE		
EXISTING/PROPOSED LA	AND US	E						
RESIDENTIAL No. U	nits:] INDUSTRIAL COM	MERCIAL/OFFICE (OTHER (Specify):		
Total number of buildin	gs for w	hich per	mits are requested:					
Is the building currently	occupie	ed?	YES NO If NO	, anticipated occupancy	date:			
PART II: FEE D	ETER	MINA	ATION WORKSH	EET (To be completed	by Staff)			
expansion of asse	te Parts II and III. Gross floor area (deter) Saddleback \ CFD) Santa Ana (S.	The proposed construction/o facility fees AF	develo expansi RE NOT i k Engine	oment Don of ass required eer)	Jnit (ADU) Other OOES NOT involve Sessable space. School Sproceed to Part III. Sq. ft. Oroceed to Section D Droceed to Part III			
			•	by the appropriate scho	al distri	rts: nroc	ead to Part III	
2. IUSD fee calculation		JJD aic v		(factor) = \$		_	fee)	
PART III: FEE [RMIN				`		
Prior to issuance of a Building Permit, a Certificate of Compliance must be obtained from the school district noted below (refer to the Information Sheet for the person responsible for the collection of fees). A copy of this determination form should be presented to the school district to expedite collection of fees. IUSD will not accept payment unless fees are accompanied by this determination form. IUSD SAUSD SVUSD TUSD This project is EXEMPT from school fee requirements for the following reason: Proposal does not involve addition or construction of assessable commercial, industrial, or residential floor area The subject property is located within a CFD. IUSD exempts these areas from the collection of school fees. The project consists of an addition of less than 500 sq. ft. to an existing residential structure.								
ADU is 749 so	ղ. ft. or le	ess.						
Other (Specif	y):							
PREPARED BY			TITLE			DATE	Ē	



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.

HECK THE	HECK THE BOXES BELOW AS APPLICABLE - DOES YOUR PROJECT INCLUDE:								
YES	NO								
		A new single family or multi-family residen	tial main building or accessory building?						
		The remodel or renovation of an existi conditioned area or volume?	The remodel or renovation of an existing single or multi-family residential building that adds conditioned area or volume?						
		A non-residential project subject to a build	ing permit?						
approval bond. Yo	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 <u>at permit issuance</u> . 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 <u>cityofirvine.org/c&d</u> . [Note: projects with demonstrably small volumes of anticipated debris may be exempted.]								
PROJECT	ADDRES	S							
NAME OF INDIVIDUAL COMPLETING ASSESSMENT COMPANY									
SIGNATU	RE		DATE						

<u>IMPORTANT NOTES:</u> (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:

Phone Number

- 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 <u>www.ocfa.org</u> 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 Sco	ppe/Business Description		
۱.	YES NO	Construction of a new building, a new story, or increase the footpcurbs, or drive aisles? Addition, relocation, or modification of f 300 feet of an active or proposed oil well? Fire Master Plan (PR14)	ire hydrant	
2.		Property is adjacent to a wildland area or non-irrigated native veg Fire Master Plan (PR145); a Fuel Modification Plan may also be requi		PR124)
3.		Located in or < 100' from a Division of Oil, Gas, and Geotherma an oil/gas seep, or < 1000' from a landfill? <i>Methane Work Plan. (P.</i>		s (DOGGR) field boundary, < 300' from
ļ. 5.		Installation/modification/repair of underground piping, backflow private fire hydrant/sprinkler/standpipe systems? <i>Underground Pl</i> Drinking/dining/recreation/meetings/training/religious functions o	<i>an. (PR470,</i> r other gath	<i>PR475)</i> nerings in a room > 750 sq.ft. (> 1,000
		sq.ft. for training/adulteducation) or > 49 people? Healthcare/out to immediately evacuate without assistance? Education for childr classified as an E occupancy by the Building Official)? Adult/child or restraint? Hotel/apartment or residential facility with 3+ unit where an independent direct exit to grade is provided for dwell with 17+ people? High-rise structure (55+ feet to highest occupie	en (<i>acaden</i> d daycare? ts and 3+ : ing are exe	nic tutoring for ages 5+ is exempt unless 24-hour care/supervision? Incarceration stories (3-story townhouses/rowhouses mpt)? Congregate housing/dormitories
S .		Installation/modification of locks delaying or preventing occupan button, or similar action to open a door <u>in the direction of exit depending on the occupancy and type of device installed (PR200-PR286)</u>	t travel? A	rchitectural, Sprinkler, and/or Alarm Plan
7.		Installation/modification/use of spray booths; dust collection; industrial/commercial refrigeration systems; compressed gasse liquids; vapor recovery; smoke control; battery back-up/charging ion); welding/brazing/soldering, open flame torches, conspecial Equipment Plan (PR315, PR340-PR382)	es; tanks fo g systems (or cryogenic or flammable/combustible > 50 gal. electrolyte, > 1,000 lb. lithium
3.		Storage/use/research with flammable/combustible liquids maintenance/repair? Cabinetry/woodworking/finishing facility? <i>H occupancy); Special Equipment Plans may be necessary. (PR315-PR</i>	Chem Cla	ss & floor plan (full architectural plan i
).		Storage or merchandizing areas in excess of 500 sq. ft. where it commodities, plastic, rubber, foam, etc.)? <i>High-piled Storage Plan</i>		cated higher than 12' (6' for high-hazard
0.		Cooking under a Type I commercial hood; installation or modificommercial cooking hood? <i>Hood & Duct Extinguishing System, not</i>		
		f the following two items indicating that you have read and understa		
1.		*Sprinklers/Alarms: Consult Building/Fire Codes and ordinances to d required, plans shall be submitted for OCFA review. Existing buildings contractor to determine if modification is needed; if so, contractor shall su	s undergoing	remodel must be evaluated by a licensed
2.	IIIIIIIII	Fire Hazard Severity Zone: Consult maps available at building departmer in a FHSZ. Buildings in a FHSZ may be subject to special construction rethe building department will determine specific requirements.	nt or on OCF	A website to determine if your site is located
l c		er penalty of perjury under the laws of the State of California that the	e above is ti	rue:
	Print Name	Signature		

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

OF IALL

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 we re 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.

to the terms and conditions of this Electronic/ Dig	gital Signature Disclosure.
SIGNATURE	DΔTF

By using the system to electronically sign and submit any document, I agree