



San Miguel Community Services District
Application for Fire, Life & Safety Plan Check and
Inspection

Approved revised Resolution 2019-07 4-25-2019

Estimated Fees are due at time of application submission:
Additional fees may be due upon completion of review.

San Miguel CSD Fire Plan check & Inspection Fee Schedule

Description	Fee	Rate
<i>Single Family Dwelling</i>		
Site plan review per dwelling up to 2,500 square feet	150	Flat
.25 cents per square foot beyond 2,500 square feet	0.25	Sqft
<i>Tracts</i>		
New housing tracts map plan check including 2 inspections	200	Flat
Reinspection's	50	Hourly
<i>Fire Sprinkler Single Family Residences Up to 2,500 sqft</i>		
New construction fire sprinkler plan check including 2 inspections	150	Flat
Reinspection fire sprinkler	50	Hourly
25 cents per Square foot beyond 2,500 sqft	0.25	Sqft
<i>Multi Family Fire Life Safety Plan Check</i>		
Site review plan check	250	Flat
Fire sprinkler plan check	150	Per Unit
Reinspection fire sprinkler	50	Hourly
Fire alarm plan check	250	Flat
Reinspection fire alarm	50	Hourly
<i>Commercial Building Plan check Fees</i>		
Plan check (up to 2,500 sqft)	250	Flat
25 cents per Square foot beyond 2,500 sqft	0.25	Sqft
Fire sprinkler plan check (up to 2,500 sqft)	200	Flat
25 cents per Square foot beyond 2,500 sqft	0.25	Sqft
Fire alarm plan check	200	Flat
All reinspection fees	50	Hourly
<i>Commercial Cooking Ventilation Hood System</i>		
Plan check fee for new or modified hood systems including 2 inspections	150	Flat
All reinspection fees	50	Hourly
<i>Photovoltaic Plan check Fees</i>		
Single family home	150	Flat
All others	0.25	Sqft
All reinspection fees	50	Hourly

Application Check list

Information required for all Fire, Life & Safety applications:

1. Plot Plan- 8 1/2" X 11" attached to application.
2. Site or Tract Review- 2 Full sized Plot Plans
3. Construction Plans - 1 Electronic PDF file submitted on disc
4. Construction Plans – 2 Complete Full-Size Plan Sets per address
5. Grant Deed or Lot Book Guarantee
6. Initial application fee based on fees from prior page

NOTICE TO BUILDERS/CONTRACTORS/HOMEOWNERS

San Miguel Community Services District Ordinance 02-2019 requires the following to be fitted with fire safety sprinklers:

New Construction An automatic fire extinguishing system shall be installed and maintained in all new buildings in all occupancies, regardless of type of construction in excess of 500 square feet, for which any Building Permit is issued after the effective date of this Ordinance.

Exceptions:

- (i) Detached Group "U" or "S" occupancies not exceeding 500 square feet and located at least 10 feet from adjacent buildings and in compliance of all county setbacks from adjacent property lines.
- (ii) Some "U" * uses may be exempted by the fire code official based on specific use (i.e. carports, fences, livestock shelters)

* May not exceed 500 square feet – must be at least 10 feet from adjacent buildings – no second stories – minimum two exists including one pedestrian door – workshops or offices limited to 10% of floor area – cannot be used for a place of employment or for public assemblage/events – cannot be used as a commercial building.

Note: Detached group "U" or "S" occupancies converted to conditioned habitable space will be required to install an automatic fire extinguishing system.

Existing Construction An automatic fire extinguishing system shall be installed in all existing buildings or structures where proposed or ongoing additions, seismic retrofit, alterations or repairs are commenced over a three-year period, which meet one or more of the following:

- (i) Throughout structure where additions to existing buildings adds up to more than 25% of the original square footage;
- (ii) Alterations including modifications to an existing structure which involves complete removal and replacement of 25% or more of the wallboard;
- (iii) Have a total floor area exceeding twenty-five hundred (2,500) square feet;
- (iv) When a second story or higher is added;
- (v) When occupancy change increases fire risk or hazard, as determined by the fire code official.

For the purpose of calculating square footage for the application of fire sprinkler and fire flow requirements, the floor area shall include all combustible areas attached the structure, including garages, patio covers or common areas (protected on three sides), overhangs over 2 feet, and covered walkways.

Furthermore, when an automatic fire extinguishing system is required for an existing single-family residence due to an addition the addition and all existing rooms and spaces in the residence shall be equipped with the fire sprinkler system as required by the fire code in effect.

Regardless of additions, alterations or repairs in **existing** sprinklered buildings, sprinkler coverage shall remain as per the National Fire Protection Association 13, 13R, or 13D Standards, whichever are applied by the fire code official.

Single-family residence builders please note:

Your sprinkler contractor's design and calculations will determine the size of the water meter required. Please consult with your sprinkler contractor prior to requesting your water meter to be installed.

FIRE, LIFE & SAFETY PLAN CHECK & INSPECTIONS APPLICATION

Estimated Fees are required at time of application submission

Fee Breakdown as follows:

- 1. All fees shall be based on the current Fire, Life & Safety Plan Check & Inspection Fee Schedule.*
- 2. Note that additional fees may be due at time of Fire, Life & Safety Plan pick up.*

APPLICANT INFORMATION (Please fill out completely)

Primary Contact Name: _____ Phone: _____

Title: _____ Email Address: _____

Owner Name: _____

Owner Address: _____

City: _____ State: _____ Zip: _____

Work Phone: (____) _____ Home: (____) _____ Cell: (____) _____

Email Address (Owner): _____

Please note that an agent acting for the owner shall submit written authorization with owner's notarized signature.

Agent Name: _____

Agent Address: _____

City: _____ State: _____ Zip: _____

Work Phone: (____) _____ Home: (____) _____ Cell: (____) _____

Email Address (Agent.): _____ Title: _____

PROJECT INFORMATION (Please fill out completely)

PROJECT LOCATION OR ADDRESS:

Business Name/Type of Business (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

APN No: _____ **Tract No:** _____ **Lot No:** _____

TYPE OF PROJECT:

Residential Zoning: Single Family____ Multi-Family_____

Commercial/Industrial Zoning: Office____ Retail____ Medical____ Restaurant____ Industrial____

Other: _____

Please Note: If new construction includes an accessory building (guest house, granny unit, pool house, garage, shop, etc.), please list the proposed use of the structure in the Project Description section below. Note that all new residential buildings are required to have fire sprinklers installed. "U" and "S" occupancies in excess of 500sqft are required to be protected by an automatic fire sprinkler system. Should actual use be inconsistent with the classifications defined in the California Building Code, now or in the future retrofit of sprinklers will be required.

Project Size:

Total Square Footage (sqft.)_____

Existing Square Footage:_____

New Square Footage:_____

Garage Square Footage:_____

Accessory Structure Square Footage:_____

Detailed Project Description:

A PLOT PLAN, CONSTRUCTION PLANS AND A GRANT DEED IS REQUIRED WITH THIS APPLICATION.

THE PLAN SHALL INCLUDE AN AREA MAP, ACCESS ROADS, DRIVEWAYS, TURNOUTS, PROPOSED EXISTING BUIKDINGS, AND THE LOCATION OF THE CLOSED FIRE HYDRANT.

“Fire/Life Safety Requirements” will be available within ten (10) working days after review for fire code compliance. A copy of the requirements shall remain on the project site until final inspection or certification of occupancy has been issued.

If you have any questions, please feel free to contact the San Miguel Community Services District or Fire Department between the hours of 8:30 a.m. and 4:30 p.m. Monday through Friday.

SIGNATURE OF OWNER/AGENT: _____

DATE: _____

Attach:
SITE PLAN HERE

CONSENT OF LANDOWNER

San Miguel Community Services District

APN No: _____ - _____ - _____

I (we) the undersigned owner of record of the fee interest in the parcel of land located at (print address):
_____, identified as Assessor Parcel Number (APN)
_____, for which a Will Serve Letter and/or Fire Review Letter is
being requested for: _____ (specify type of project, for example:
addition to a single-family residence; or general plan amendment), do hereby certify that:

1. Such application may be filed and processed with my (our) full consent, and that I (we) have authorized the agent named below to act as my (our) agent in all contacts with the county and to sign for all necessary permits in connection with this matter.
2. I (we) hereby grant consent to the San Miguel Community Services District (District), its officers, agents, employees, independent contractors, consultants, sub-consultants and their officers, agents, and employees to enter the property identified above to conduct any and all surveys and inspections that are considered appropriate by the inspecting person or entity to process this application. This consent also extends to governmental entities other than the District, their officers, agencies, employees, independent contractors, consultants, sub-consultants, and their officers' agents or employees if the other governmental entities are providing review, inspections and surveys to assist the county in processing this application. This consent will expire upon completion of the project.
3. If prior notice is required for an entry to survey or inspect the property.
Please Contact: _____
Print Name: _____
Daytime Telephone Number: _____
4. I (we) hereby give notice of the following concealed or unconcealed dangerous conditions on the property

PERSON OR ENTITY GRANTING CONSENT:

Name: _____
Address: _____
Daytime Telephone Number: _____
Signature of landowner: _____
Date: _____

AUTHORIZED AGENT:

Name: _____
Address: _____
Daytime Telephone Number: _____
Signature of agent: _____
Date: _____

Additional Project Information.

Section 1. APPLICANT INFORMATION: (Check box for contact person)

Landowner Name _____ Daytime Phone: _____

Mailing Address: _____

Email Address: _____

Applicant Name _____ Daytime Phone: _____

Mailing Address: _____

Email Address: _____

Agent Name _____ Daytime Phone: _____

Mailing Address: _____

Email Address: _____

Section 2. PROPERTY INFORMATION:

Legal Description: _____

Assessor Parcel Number(s) _____ Attached Lot Book Guarantee? yes / no

Number and size of lots to be served: _____

Proposed Zoning: _____

Address (es) if known _____

Section 3. OPERATION(S) Check all that apply

- | | |
|---|---|
| <input type="checkbox"/> Auto Detailing/Wash | <input type="checkbox"/> Medical Service |
| <input type="checkbox"/> Auto Service/Repair | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Photo Services |
| <input type="checkbox"/> Automobile Service /Repair | <input type="checkbox"/> Printing |
| <input type="checkbox"/> Dry Cleaning/Laundry | <input type="checkbox"/> Professional Services |
| <input type="checkbox"/> Food Processing | <input type="checkbox"/> Public Service |
| <input type="checkbox"/> Food Service/Restaurant | <input type="checkbox"/> Retail Sales |
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Tasting Room |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Wholesale Distribution |
| <input type="checkbox"/> Machine Shop | <input type="checkbox"/> Winery |
| <input type="checkbox"/> Manufacturing/All Types | <input type="checkbox"/> Other _____ |

A. In order to determine whether the proposed project will require a change in occupancy and or an operational permit provide a brief detailed description of the type of manufacturing, business processes, production, or service activities proposed for this site: _____

Section 4. Project Information

A. If your facility employs processes in any of the industrial categories or business activities listed below, place a check beside the category or activity.

- | | |
|--|---|
| <input type="checkbox"/> Adhesives | <input type="checkbox"/> Mechanical Products |
| <input type="checkbox"/> Aluminum Forming | |
| <input type="checkbox"/> Anodizing | <input type="checkbox"/> Metal Etching/Chemical Milling |
| <input type="checkbox"/> Automobile Maintenance and Repair | |
| <input type="checkbox"/> Battery Manufacturing OR Reclaiming | <input type="checkbox"/> Metal Coating (Phosphating, Coloring,) |
| <input type="checkbox"/> Copper Forming | <input type="checkbox"/> Nonferrous Materials |
| <input type="checkbox"/> Dairy Products Processing | <input type="checkbox"/> Organic Chemicals |
| <input type="checkbox"/> Electric/Electronic Components | <input type="checkbox"/> Paint & Ink |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Petroleum Refining |
| <input type="checkbox"/> Fruit or Vegetable Processing | <input type="checkbox"/> Pharmaceuticals |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Photographic Supplies |
| <input type="checkbox"/> Inorganic Chemicals | <input type="checkbox"/> Plastic & Synthetic Materials |
| <input type="checkbox"/> Iron & Steel | <input type="checkbox"/> Plastics Processing |
| <input type="checkbox"/> Laundries | <input type="checkbox"/> Porcelain Enamel |
| <input type="checkbox"/> Leather Tanning & Finishing | <input type="checkbox"/> Printed Circuit Board Manufacturing |
| <input type="checkbox"/> Rubber | <input type="checkbox"/> Printing & Publishing |
| <input type="checkbox"/> Soaps & Detergent | <input type="checkbox"/> Pulp & Paper |
| <input type="checkbox"/> Winery | |

Section 5. APPLICANTS SIGNATURE

The information provided will be used to determine whether the proposed use of the project site meets the proposed occupancy as per the Fire, Life & Safety Plan Check Application.

Note: It is the applicant's responsibility to notify the District in writing of any changes in the information provided above within 30 days of such change.

Name: _____

Title: _____

Date: _____