

# ROSS VALLEY FIRE DEPARTMENT

777 SAN ANSELMO AVENUE  
SAN ANSELMO, CALIFORNIA 94960 • 415-258-4686 • FAX 415-258-4689



## PLAN SUBMITTAL APPLICATION

Number: \_\_\_\_\_

New Address/Residence? Yes No

**\*\*Applicant, please complete this section.\*\***

**\*\*FOR DEPARTMENT USE ONLY\*\***

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

Received by \_\_\_\_\_ Date \_\_\_\_\_

Town \_\_\_\_\_ AP# \_\_\_\_\_

Plan check fees recv'd (min.\$220.00) \_\_\_\_\_

Applicant \_\_\_\_\_

Balance of fees due: \_\_\_\_\_

Address \_\_\_\_\_

Entered in binder \_\_\_\_\_ Entered in Sunpro \_\_\_\_\_

Town \_\_\_\_\_ Phone # \_\_\_\_\_

Occupancy # \_\_\_\_\_

Alternate contact number: \_\_\_\_\_

Hold/resub \_\_\_\_\_ Sunpro \_\_\_\_\_

Owner (if different) \_\_\_\_\_

Resub Received \_\_\_\_\_ Sunpro \_\_\_\_\_

Address \_\_\_\_\_

PC complete \_\_\_\_\_ Sunpro \_\_\_\_\_

Town \_\_\_\_\_ Phone # \_\_\_\_\_

Called Applicant \_\_\_\_\_ Sunpro \_\_\_\_\_

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

Issued permit \_\_\_\_\_ Sunpro \_\_\_\_\_

Final Inspection \_\_\_\_\_ Sunpro \_\_\_\_\_

Plans to Archive box \_\_\_\_\_