

**BAKERSFIELD FIRE PREVENTION
SITE PLAN REVIEW APPLICATION**

Application Date: _____

Project ID#: _____ (Provided by Staff)

PROJECT IDENTIFICATION

Name of Project: _____

Street Address of Project: _____

PROJECT DESCRIPTION

New Construction: _____ Modification of Existing Structure: _____ Project Square Footage: _____

Fire Sprinklers (yes)____ (no)____, Fire Alarm (yes)____ (no)____, Commercial Hood (yes)____ (no)____

Occupancy Type: A-1, A-2, A-3, A-4, B, C, E, F-1.F-2, H, H-1, H-2, H-3, H-4, H-5, I-1, I-2, I-2.1, I-3
L, M, R-1, R-2, R-3, R-3.1, R-4, S-1, S-2, U

CONTACT INFORMATION

Name: _____

Mailing Address: _____
(Required)

Telephone #: _____ Fax #: _____
(Required) (Required)

Signature of Applicant: _____