ORANGE COUNTY FIRE AUTHORITY

Plan Submittal Criteria Form

Required for Single Family or Duplex Residences

(Use Commercial form for lots with 3+ dwelling units or new residential tracts)

Complete the Project Information and Questionnaire below, then sign and date the Applicant Certification.

**Project Information**

- □ New Single Family Residence/Duplex
- □ Addition/Remodel
- □ ADU
- □ Other

<table>
<thead>
<tr>
<th>Address:</th>
<th>Unit #:</th>
<th>City or Unincorporated County Area:</th>
<th>ZIP:</th>
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<tbody>
<tr>
<td>Scope of Work:</td>
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<td>Existing Area:</td>
<td>Area to be Added:</td>
<td>Total Resulting Area:</td>
<td>Stories:</td>
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| Area Added in Past 2 Years (excluding this project): |

**Questionnaire**

<table>
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<tr>
<th>Yes</th>
<th>No</th>
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**OCFA Plan Type if “Yes”**

- *(PR160) Residential Site with Water Availability (PR400-402) Fire Sprinkler*
- *(PR400-402) Fire Sprinkler*
- *(PR160) Residential Site (PR400-402) Fire Sprinkler*
- *(PR400-402) Fire Sprinkler*
- *(PR180) Gate*
- *(PR160) Residential Site (PR172-174) Methane Test/Mitigation Plans*
- *(PR125) Fuel Modification (PR182) Accessory Structure*

*OCFA approval required before issuance of a grading/building permit. All other plans types may be deferred submittals.

**Applicant Certification**

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

Print Name: ___________________________ Signature: ___________________________ Date: ___________________________

Phone Number: ___________________________ Email: ___________________________

Attention Building Department Staff – After you’ve verified all questions were answered accurately as “No”, then you may accept this signed form as a written release that an OCFA review is not required. If any questions were answered as “Yes”, then the plan type on the right side may be required.

If all answers are “No” and the Building Department still requires the applicant to have their plans reviewed by OCFA, or if any answers are “Yes” and the Building Department prefers for OCFA to determine if a review is required, please initial this line and provide an explanation on the Plan Referral Form (on the reverse), to be submitted along with the appropriate plans to OCFA for a determination.

For questions and submittal information, please visit ocfa.org, or call OCFA at (714) 573-6100
** Have the applicant complete and sign the OCFA Plan Submittal Criteria Form on the reverse of this form. **

Reason(s) for Review:

Please describe why OCFA Plan Review is or may be required by the City/County:

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

OCFA COMMENTS:

☐ No further action required on this specific plan type, based on information provided on: ___/_____/______.

☐ Project to be taken in for OCFA Review.

Other: ________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

Name: ________________________________________________

Contact #: ____________________________________________

OCFA Authorization

Date: _________________________________

Updated: 06/02/2020 rs