

Menlo Park Fire Protection District  
Fire Prevention Bureau  
170 Middlefield Rd, Menlo Park, CA 94025 PH: (650) 688-8425

**PLAN CHECK APPLICATION**

A. Project Address: \_\_\_\_\_ Suite(s): \_\_\_\_\_ Bldg: \_\_\_\_\_ Floor(s): \_\_\_\_\_

Project City/Town: \_\_\_\_\_ Is this project in Unincorporated San Mateo Co? Please Circle one: **YES NO**

Project Name: \_\_\_\_\_ Please check one: Commercial \_\_\_\_\_ Residential \_\_\_\_\_

Is this plan a re-submittal to MPFD? Please Circle one: **YES NO**

**City of Menlo Park Residential Projects Only: Remodel Valuation \$** \_\_\_\_\_

**Description of work:** \_\_\_\_\_  
\_\_\_\_\_

**B. If the plans you are submitting today are not for a sprinkler/underground or alarm/monitoring system, please mark the appropriate area below:**

**Residential Site/Plan Review** (Planning or Building) \_\_\_\_\_ **Access Gate** \_\_\_\_\_ **Commercial Site Review** \_\_\_\_\_

**Commercial Projects Only (please circle one): New Construction or Tenant Improvement**

**Commercial Project (New Const/TI) Square Footage:** \_\_\_\_\_

**Total Building Square Footage:** \_\_\_\_\_

**Other:** Use Permit \_\_\_\_\_ Hood & Duct \_\_\_\_\_ Clean Agent \_\_\_\_\_ Generator \_\_\_\_\_ Emergency Repair Permit \_\_\_\_\_

UST Removal/Installation \_\_\_\_\_ High Pile Storage \_\_\_\_\_ Solar \_\_\_\_\_ Hazardous Materials \_\_\_\_\_ Other \_\_\_\_\_

**C. If you are submitting plans for a sprinkler/underground or alarm/monitoring system, please fill out below:**

**Fire Sprinkler:**

New \_\_\_\_\_ TI \_\_\_\_\_  
# of heads \_\_\_\_\_ # of risers \_\_\_\_\_

System Cost (City of Menlo Park Residential projects only): \_\_\_\_\_

**Underground Fire Service Installation:**

# of feet \_\_\_\_\_

**Fire Alarm:**

New \_\_\_\_\_ TI \_\_\_\_\_  
# of devices \_\_\_\_\_

**Fire Monitoring System:**

#of devices \_\_\_\_\_

**D.**

Applicant/Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

**Email:** \_\_\_\_\_

**SUBMITTING AS OWNER/BUILDER (Complete only if you OWN the property AND are the INSTALLING CONTRACTOR)**

Owner/Builder: \_\_\_\_\_

Agent for Owner: \_\_\_\_\_

Owner/Agent Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

**Email:** \_\_\_\_\_

**Note:** (1) Owner must sign plans and/or provide a letter stating the agent has permission to act on owner's behalf  
(2) San Mateo County Assessor or third party verification of existing square footage may be required.

**OFFICE USE ONLY**

**Record Number/Permit#:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Approved:** \_\_\_\_\_ **Denied:** \_\_\_\_\_ **PR Time:** \_\_\_\_\_ **Reviewer Initials:** \_\_\_\_\_