



Ross Valley Fire Department  
777 San Anselmo Avenue, San Anselmo, CA 94960

## Plan Submittal Application

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

New Address/Residence? Yes          No

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

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

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

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

City/Zip \_\_\_\_\_ AP# \_\_\_\_\_

Plan check fees received: \_\_\_\_\_

Project Contact: \_\_\_\_\_

Balance due: \_\_\_\_\_ Invoiced: \_\_\_\_\_

Address \_\_\_\_\_

Balance paid: \_\_\_\_\_ Entered in ERS \_\_\_\_\_

City/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

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

Email address: \_\_\_\_\_

Hold/resub needed \_\_\_\_\_ ERS \_\_\_\_\_

Owner \_\_\_\_\_

Resub Received \_\_\_\_\_ ERS \_\_\_\_\_

Address \_\_\_\_\_

PC complete \_\_\_\_\_ ERS \_\_\_\_\_

City/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Called Applicant \_\_\_\_\_ ERS \_\_\_\_\_

Email address: \_\_\_\_\_

Issued permit \_\_\_\_\_ ERS \_\_\_\_\_

Scope of work: \_\_\_\_\_

Final Inspection \_\_\_\_\_ ERS \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Committed to the protection of life, property, and environment.

**SAN ANSELMO • FAIRFAX • ROSS • SLEEPY HOLLOW**

HEADQUARTERS: 777 San Anselmo Avenue, San Anselmo, CA 94960 TEL: (415) 258-4686 FAX: (415) 258-4689 www.rossvalleyfire.org