



CITY OF OAKLAND  
 OAKLAND FIRE DEPARTMENT, FIRE PREVENTION BUREAU  
 250 FRANK H. OGAWA PLAZA, SUITE 3341  
 OAKLAND, CA 94612-2032

EMAIL: FPBReceptionist@oaklandca.gov



## IN-TAKE FORM (PLAN REVIEW OR CONSULTATION)

All fields are required for processing.

PLEASE BE CLEAR ON THE TYPE OF PLANS YOU ARE SUBMITTING FOR REVIEW; SEE DEFINITIONS BELOW:

\* **New Submission** = 1<sup>st</sup> request for plan review ; **Re-Stamp** = request to extend plans' expiration date with no changes to approved plans; **Resubmittal** = corrections or revisions made to original Approved plans initiated by customer OR based on engineer comments/feedback on Denied plans

DATE SUBMITTED: \_\_\_\_\_ BUILDING/PLANNING PERMIT #: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_ PARCEL #: \_\_\_\_\_

**APPLICANT SUBMITTING PLANS (PICK ONE):**

CONTRACTOR (ENTER STATE LIC #): \_\_\_\_\_  OWNER/PROPERTY REP  DEVELOPER

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS (INCLUDE CITY, STATE & ZIP): \_\_\_\_\_

BUSINESS PHONE NUMBER (INCLUDE AREA CODE): \_\_\_\_\_

MAILING NAME & ADDRESS: \_\_\_\_\_  
*If different than Business Address; include City, State & Zip*

CONTACT PERSON'S FULL NAME: \_\_\_\_\_

CONTACT PHONE # (INCLUDE AREA CODE): \_\_\_\_\_ CONTACT EMAIL: \_\_\_\_\_

WHO TO INVOICE FOR PAYMENT (ENTER FULL NAME): \_\_\_\_\_

BILLING CONTACT PHONE # (INCLUDE AREA CODE): \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PROFESSIONAL ON RECORD FOR PLANS (IF DIFFERENT THAN APPLICANT):**

LICENSE TYPE (CHOOSE ONE): **Choose an item.** STATE LICENSE # & EXP DATE: \_\_\_\_\_

FIRST & LAST NAME: \_\_\_\_\_ BUSINESS NAME: \_\_\_\_\_

ADDRESS (INCLUDE CITY, STATE & ZIP): \_\_\_\_\_

PRIMARY PHONE NUMBER (INCLUDE AREA CODE): \_\_\_\_\_ EMAIL: \_\_\_\_\_

**SERVICE REQUIRED (PICK ONE):**

CONSULTATION (**\$717 for 60-Minute Meeting**) - Link will be provided for virtual meeting via MICROSOFT TEAMS  
 PLAN CHECK SERVICES

**COMPLETE ITEMS BELOW:**

Property Use: \_\_\_\_\_ Type of Work: **Choose an item.**

\* Type of Plan (see definitions above): **Choose an item.** Type of Permit: **Choose an item.**

Had consultation prior to submitting plans? If so, provide consultation work order #: \_\_\_\_\_

Re-Stamp or Resubmittal Request? If so, provide previous work order #: \_\_\_\_\_

SCOPE OF WORK: \_\_\_\_\_

\_\_\_\_\_

By signing this document, I acknowledge and agree that:

- I am the duly authorized representative for the applicant submitting this plan review or consultation request.
- The information furnished or provided on this document is true and correct.
- I agree to pay the required pre-payment amount (equivalent to 1 service hour per current Master Fee Schedule) before FPB initiates consultation or plan review service. The pre-payment amount will be credited towards the final invoice.
- I agree to pay the invoice amount upon completion of plan review services, **regardless of the status of the project with our client**. In addition, review of resubmitted plans will commence only after full payment of current or past due invoice is received.

\_\_\_\_\_

TYPE APPLICANT NAME OR AFFIX SIGNATURE

TITLE OF PERSON SIGNING

DATE  
 Revised 7/10/2024