



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 = 1st 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