



Alameda County Fire Department FIRE PREVENTION

www.acgov.org/fire

WILLIAM L. McDONALD
Fire Chief

**COUNTY
FIRE PREVENTION**
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Fax (925) 875-9387

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Emeryville, CA 94608
Tel (510) 596-3759
Fax (510) 450-7812

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FIRE PREVENTION**
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Newark, CA 94560
Tel (510) 578-4218
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**SAN LEANDRO
FIRE PREVENTION**
835 E. 14th Street
San Leandro, CA 94577
Tel (510) 577-3317
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**UNION CITY
FIRE PREVENTION**
34009 Alvarado-Niles Road
Union City, CA 94587
Tel (510) 675-5470
Fax (510) 487-2117

November 25, 2020

TO: Alameda County Fire Prevention Office Customers

FROM: Bonnie S. Terra, Division Chief

RE: Electronic Plan Checks

The Alameda County Fire Prevention Office is pleased to announce the ability to accept and conduct fire protection system plan and DSA site reviews electronically. The building and planning departments are also able to route their reviews electronically to staff now.

For reviews that come directly to the Fire Department. Please note the process for submitting is as follows. For the fire department to receive, process, and conduct a fire protection system electronic plan review, submittals need to be in one file. The file shall contain all necessary documentation including but not limited to; the Alameda County Fire plan submittal application (please see attached), completed plans, all specification sheets, calculations, and any pertinent supporting documentation related to the plans. This file shall be in PDF form and not sent as a "Zip" file. Plans shall be scaled, and notation of the scale needs to be located on the submitted plans.

To submit fire protection system plans electronically please email the submittal package to CountyFPplanchecks@acgov.org, place the address of the project in the subject line. Again, this is only for fire protection systems and DSA site reviews. Maximum file size is 150Mb, for files larger than this please contact us for additional directions. If you have building or planning department submittals, they must be submitted to those agencies. Please contact the appropriate agency for information on how to submit and they will route to ACFD.

Please be aware that submittals missing any of the required documentation/information or sent in multiple pages will not be processed. They will be deleted if contact information was not provided. An email will be sent to the applicant who have provided an address advising of the incomplete submittal.

Please feel free to contact Alameda County Fire Department staff at 925-833-3473 ext. 1162 if you have any questions. Staff will be happy to assist you.



PERMIT # _____

Alameda County Fire Department Fire Prevention

**FIRE PROTECTION SYSTEM
APPLICATION and PERMIT (Modification/Installation)**

Job Name: _____ Date: _____

Job Address: _____ City: _____

Building Use or Occupancy Classification: _____

INSTALLING CONTRACTOR INFO: ATTACH A COPY OF WORKER'S COMP & BUSINESS LICENSE

Company Name: _____ License Type/Number _____

Address/City/State/Zip: _____ Email _____

Contact Person: _____ Phone #: _____ FAX #: _____

Email Address: _____

ATTACH CUT,UL, FM, AND/OR SFM LISTING SHEETS FOR ALL COMPONENTS YOU ARE INSTALLING

New System Tenant Improvement Addition Repair

Underground: NFPA 24 NFPA 1142 # of Hydrants: _____

Fire Sprinklers: # of Heads: _____ NFPA Standard: 13 13R 13D

Fire Alarm: # of Devices: _____

Alternative Fire Suppression: FM200 Halon Hood & Duct Vesda Other _____

WORKER'S COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a Certificate of Consent to self-insure for Worker's Compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which the permit is issued.

I have and will maintain a Certificate of Consent to self-insure for Worker's Compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which the permit is issued. My Worker's Compensation Insurance carrier and Policy number are:

Carrier: _____ Policy No.: _____

CERTIFICATE OF EXEMPTION FROM WORKER'S COMPANSATION INSURANCE

(This section need not be completed if the permit is for one-hundred dollars (\$100.00) or less.)

I certify that in the performance of the work, for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation Laws of California.

Applicants Signature _____ Date _____

NOTE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Worker's Compensation provision's of the Labor Code, you must forthwith comply with such provisions or this permit will be deemed revoked.

ONE TIME PERMIT: Submit a maximum of (3) sets of completed plans (4) sets in San Leandro, worker's compensation insurance certificate and business license for the city you are working in; one (1) set of hydraulic calculations, seismic bracing load calculation, specifications, and cut sheets. Provide a separate completed application along with the appropriate fees for each address. Target plan review turnaround time is 14 working days however; unusual circumstances may dictate a longer turnaround time. A completed permit application is required for all types of work.

I certify that I have read this application and state that the above information is true and correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representatives of ACFD to enter upon the above mentioned property for inspection purposes.

(We) agree to save, indemnify and keep harmless the Alameda County Fire Department against liabilities, judgments, costs and expenses that may in any

way accrue against said department in consequence of the granting of this permit.

Applicant's Signature _____

Date _____

- Fire Department Office Use Only -

APPROVALS:

Revisions Required: _____	Revisions Required: _____	Revisions Required: _____
Contact Notified: _____	Contact Notified: _____	Contact Notified: _____
Approved By: _____	Approval Date: _____	Applicant Notified: _____

FEES DUE: _____	Date Paid: _____	Comments: _____
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Plans Received: _____ Date Due: _____	Plans Received: _____ Date Due: _____
Plans Received: _____ Date Due: _____	Plans Received: _____ Date Due: _____

SYSTEM INSPECTION TEST RECORD:

Underground:

Pre-Pour: _____ By: _____ Hydro: _____ By: _____

Flow Test & Flush: _____ By: _____ System Final: _____ By: _____

Comments: _____

Sprinklers:

Weld Inspections: _____ By: _____; _____ By: _____

Weld Inspections: _____ By: _____; _____ By: _____

Overhead Hydro: _____ By: _____; Overhead Hydro.: _____ By: _____

Overhead Hydro: _____ By: _____; Overhead Hydro.: _____ By: _____

Overhead Insp: _____ By: _____; Overhead Insp.: _____ By: _____

Overhead Insp: _____ By: _____; Overhead Insp.: _____ By: _____

System Final: _____; By: _____

Comments: _____

Fire Alarm System:

Functional Test: _____ By: _____; Wire Integrity Test: _____ By: _____

System Final: _____; By: _____

Comments: _____

Alternative Fire Suppression:

Piping Pressure Test: _____ By: _____; Functional/Puff Test(s)* _____ By: _____

Concentration/Door Fan Test: _____ By: _____ System Final: _____ By: _____

* Monitoring FA Interconnection Shut-Down Activation Components Alarm/Detection Components Piping Obstruction/Balloon

Comments: _____