| City of Moreno Valley Fire Department | | | | | epartment | |
|---|--|--|--|----------------|------------------------------------|--|
| | | P.O. Box 88005, Moreno Valley, CA 92552-0805 | | | | |
| | PH: (9 | 51) 41 | 13-3370 FAX: (951) 413- | -3369 | www.moval.org | |
| Request For Accelerated Plan Review | | | | | | |
| ATTENTION: a new form <i>must</i> be filled out for each re-submittal of this plan. | | | | | | |
| Instructions: Complete items 1 through 5. You must include your Plan Number for this form to be processed. | | | | | | |
| 1. | Plan Number: FP | | | | | |
| 2. | Applicant's Name: | | | | | |
| | Phone Number: | | | | | |
| | E-mail: | | | | | |
| 3. | Project Name: | | | | | |
| | Project Address(es): | | | | | |
| | Suite/Bldg # (if applicable): | | | | | |
| 4. | Type of Plan Review Requested: | | Fire Sprinklers | | Underground Fire System | |
| | | | Fire Alarm or Sprinkler Monitoring System | | New Construction of Building | |
| | | | Special Extinguishing System | | Tenant Improvement Construction | |
| | | | Other (specify): | | Construction | |
| | | | | | | |
| THIS IS <u>NOT</u> A GUARANTEE THAT YOUR PLAN REVIEW WILL BE ACCELE | | | | | WILL BE ACCELERATED. | |
| | You will be billed for accelerated review services according to the current fee sche | | | | | |
| Accelerated review fees are due at the time of pick-up, <i>regardless</i> of approval or correction status. | | | | | | |
| 5. | Signature: | | Dat | te: | / / | |
| | | | | | | |
| STOP HERE AND EITHER | | | | | | |
| | Bring in with plan submit | <u>:</u> | FAX to: | | | |
| 14177 Frederick Street Moreno Valley, CA 92553 | | | | (951) 413-3369 | | |
| | | | | | | |
| THIS SECTION TO BE COMPLETED BY THE MVFD | | | | | | |
| Requested by:/ Date Confirmed:/ Review Completed:/ | | | | | | |
| Total Review Time: Hours Minutes | | | | | | |
| ACCELERATED NOT ACCELERATED REQUEST CANCELLED | | | | | | |