



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 = initial request for plan review

Re-Stamp/Extension Request = request to extend plans' expiration date with no changes to approved plans; completed re-stamp affidavit required

Revision = corrections or alterations made to original Approved plans by the applicant **before construction begins**

As-Built's = final, updated drawings submitted by the applicant **after construction is completed**, reflecting all changes made to the plans and specifications during the construction process

**** Before submitting a Plan Review OR Consultation request, create an Online Permit Center user account by going to <https://aca-prod.accela.com/OAKLAND/Default.aspx>; enter your user email address below ****

DATE SUBMITTED: **Click or tap to enter a date.** FIRE/BUILDING/PLANNING PERMIT #:

SITE ADDRESS:

PARCEL #:

APPLICANT SUBMITTING PLANS (PICK ONE):

☐ **CONTRACTOR** ☐ **OWNER** ☐ **OWNER REPRESENTATIVE** ☐ **DEVELOPER**

ENTER STATE LICENSE #

**** ONLINE PERMIT CENTER USER EMAIL: ****

APPLICANT BUSINESS NAME:

APPLICANT BUSINESS ADDRESS:

(INCLUDE CITY, STATE & ZIP)

BUSINESS PHONE NUMBER:

APPLICANT NAME:

(INCLUDE AREA CODE)

APPLICANT MAILING ADDRESS:

(If different than Business Address; Please include City, State and Zip)

APPLICANT PHONE #:

APPLICANT EMAIL:

(INCLUDE AREA CODE)

WHO TO INVOICE FOR PAYMENT (ENTER FULL NAME):

BILLING ADDRESS:

(INCLUDE CITY, STATE & ZIP)

BILLING PHONE #:

BILLING EMAIL:

(INCLUDE AREA CODE)

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

LICENSE TYPE (CHOOSE ONE): Choose From List Below:

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 (\$689 for 60-Minute Meeting)** - Link will be provided for virtual meeting via MICROSOFT TEAMS

☐ **PLAN CHECK SERVICES**

COMPLETE ITEMS BELOW:

Property Use: Choose From List Below:

Type of Work: Choose An Item:

* Type of Plan (see definitions above): Choose From List Below:

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 (per current Master Fee Schedule) before FPB initiates consultation or plan review service. For plan reviews charged Per Hour, 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