



Los Angeles Fire Department
Application for Plan Check

PROJECT INFORMATION			
Project Address:	City:	Zip Code:	PCIS Application #:
Work Description (Briefly describe the scope of work):			Comments:
BILLING INFORMATION			
Company Name:	Phone:	Email Address:	
Address:			
City:	State:	Zip Code:	
Print Applicant Name :	Title:	Phone:	
PROPERTY INFORMATION			
Area in Square Feet:	# of Floors:	(For Fire Alarm Only) How Many Devices:	
Building: <input type="checkbox"/> HIGH RISE <input type="checkbox"/> LOW RISE			
Scope of Construction: <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> TENANT IMPROVEMENT			