



LOS ANGELES FIRE DEPARTMENT

Division 15 Application Form

www.lafd.org

(213) 482-6900

*Project Values:	Date	Valuation
Submittal		
Final		
Increase in Project Value		

PROJECT INFORMATION

Project Address: _____

City: _____ Zip: _____ PCIS Application #: _____

Brief Description of Work & Scope of Work:

Comments:

BILLING INFORMATION

Company Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Applicant Name: _____ Title: _____

Phone: _____ Signature: _____ Date: _____

**Project Value input by the customer are subject to verification by LAFD*

FOR OFFICE USE ONLY

LAFD Preparer's Name: _____

Preparer's Signature: _____ Date: _____

Qty.	Type of Review & Revenue Code	Fee	Subtotal
	Fire/Life Safety Plan Review (.111% of Submittal value, min \$528) 3892		\$
	Additional Fire/Life Safety Plan Review (Hourly) 3892	\$176	\$
	Additional Plan Review for Increase in Project Value 3892		\$
	Fire Alarm Plan Review (3 hour minimum) 3892	\$528	\$
	Additional Fire Alarm Plan Review (Hourly) 3892	\$176	\$
	Fire Code Review (Hourly) 3892	\$176	\$
	GRAND TOTAL		\$

Check box if EXPEDITE and attach expedite letter.

Metro West LA Valley San Pedro Other: _____

Four copies are required by the Building & Safety Cashier's Office.