



Office Use Only (Incoming Plans)

Deposit Fee _____ All checks payable to: Escondido Fire Department

Escondido Fire Department
 1163 N Centre City Parkway, Escondido, CA 92026
 Phone: 760/839-5400 Fax: 760/739-7060
<https://fire.escondido.org>

PROJECT SUBMITTAL

Submit Date:
Project Name:
Project Address:
Building Permit/Case Number:
Project Description:
Contact Person/Company:
Telephone Number:
Email address:

Remarks _____

<u>Office Use Only (Outgoing Plans)</u>			
Plans Examiner _____	Date _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Re-submit
Balance Due \$ _____			
Applicant notified _____	Date _____	Notes _____	
Picked up by _____	Date _____		
Signature _____			
Payment Method _____	Amount _____	Released by _____	
Inspection(s) Scheduled _____		Inspector _____	