

BOARD OF FIRE COMMISSIONERS

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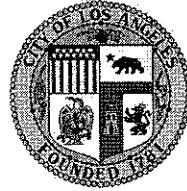
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CALIFORNIA



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FIRE DEPARTMENT

BRIAN CUMMINGS
INTERIM FIRE CHIEF

200 NORTH MAIN STREET
LOS ANGELES, CA 90012

(213) 978-3800
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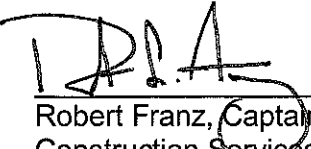
**CONSTRUCTION SERVICES UNIT – NEW CONSTRUCTION
DIVISION 15 POLICY FOR EXPEDITING THE PLAN REVIEW PROCESS**

- All requests for expedite plan checks require a written request, which must be on file in the Construction Services Unit prior to plans being checked on an accelerated basis.
- Your written request shall be addressed to:

Commander, Construction Services Unit
Fire Prevention Bureau
201 N. Figueroa Street, Suite 300
Los Angeles, CA 90012
- Your written request shall include the following:
 - o Job Address
 - o Description of work (fire alarm, architectural, retrofit, etc.)
 - o Cost: \$344 for the first 4-hours, paid in advance, with a required 4-hour minimum, and \$86 for each additional hour or any portion thereof. This fee can be paid at any cashier's desk at the Building and Safety Department office. It should be indicated on the letter that the applicant is aware of the \$86 fee for each additional hour or any portion thereof. The receipt of payment and plans shall be submitted at the Figueroa site.
 - o The Fire Department will invoice the responsible individual for each additional hour upon completion of work. State names of person to be billed, address, and phone number.
 - o Upon completion of work, Construction Services plan reviewer will contact the submitter by phone for plan pickup.
 - o Expedite Plan Reviews forfeit the opportunity of 2-free hours of inspection.

For further information, please contact the Construction Services Unit at (213) 482-6907.

BRIAN CUMMINGS
Interim Fire Chief


Robert Franz, Captain II
Construction Services Unit

DIVISION 15 PLAN CHECK EXPEDITE REQUEST

DATE: _____

TO: Commander, Construction Services Unit
Fire Prevention Bureau
201 N. Figueroa Street, Room 300
Los Angeles, CA 90012

FROM: _____

SUBJECT: EXPEDITE PLAN CHECK NO. _____

JOB ADDRESS: _____

Please expedite plan review for the above address. I hereby submit fees of \$344 for the first 4-hours of plan review and agree to pay \$86 per hour, or any portion thereof, for any additional time required by the plans examiner.

The below listed person will be responsible for any additional cost. Please send an invoice for any additional costs to:

Name/Title: _____

Company: _____

Address: _____

Telephone No: () _____

Authorized Signature: _____

Print Name: _____

-----For office use only-----

LAFD Inspector's Signature: _____