



ORANGE COUNTY FIRE AUTHORITY

REQUEST FOR ACCELERATED PLAN REVIEW

➡ Attention: a new form *must* be filled out for each re-submittal of this plan.

Instructions: Complete items 1 through 5. You must include your Service Request number for this form to be processed.

1. SR NUMBER: _____

2. APPLICANT'S NAME: _____

PHONE: (____) _____ E-MAIL: _____

3. PROJECT NAME: _____

PROJECT ADDRESS: _____

CITY: _____

3. TYPE OF PLAN REVIEW REQUESTED: _____ (Enter plan type code)



- ***THIS IS NOT A GUARANTEE THAT YOUR PLAN REVIEW WILL BE ACCELERATED.*** You will be billed for accelerated review services according to the current fee schedule.
- Accelerated fees are due at time of pick-up.

5. SIGNATURE _____ DATE: _____

**STOP HERE AND FAX TO:
714-368-8843**

THIS SECTION TO BE COMPLETED BY THE OCFA

REQUESTED BY: ___/___/___ DATE CONFIRMED: ___/___/___ REVIEW COMPLETED ___/___/___

TOTAL TIME: ___ Hours ___ Minutes REVIEWER ID #: _____

___ ACCELERATED ___ NOT ACCELERATED ___ REQUEST CANCELLED