



## ORANGE COUNTY FIRE AUTHORITY

P.O. Box 57115, Irvine, CA 92619-7115 • I Fire Authority Road, Irvine, CA 92602

Jeff Bowman, Fire Chief

(714) 573-6000

[www.ocfa.org](http://www.ocfa.org)

# REQUESTS FOR ACCELERATED PLAN REVIEWS

**EFFECTIVE 08/01/2015**

All requests for Accelerated Plan Reviews shall meet one of the three criteria listed below:

1. The request to accelerate the plan review is necessary due to a partner agency's desire to accelerate the project.
2. The request to accelerate the plan review is due to an existing life safety system that has been deemed or rendered inoperative.
3. The request to accelerate the plan review is due to an unexpected urgency that's beyond the control of the architect or contractor. These requests require Assistant Fire Marshal or Deputy Fire Marshal approval.

Serving the Cities of: Aliso Viejo • Buena Park • Cypress • Dana Point • Irvine • Laguna Hills • Laguna Niguel • Laguna Woods • Lake Forest • La Palma • Los Alamitos • Mission Viejo • Placentia • Rancho Santa Margarita • San Clemente • San Juan Capistrano • Santa Ana • Seal Beach • Stanton • Tustin • Villa Park Westminster • Yorba Linda • and Unincorporated Areas of Orange County

RESIDENTIAL SPRINKLERS AND SMOKE ALARMS SAVE LIVES



# ORANGE COUNTY FIRE AUTHORITY

## REQUEST FOR ACCELERATED PLAN REVIEW

### ATTENTION:

- **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.
- A new form **must** be filled out for each RESUBMITTAL of this plan.

### INSTRUCTIONS:

- Complete and sign form. You must include your Service Request number for this form to be processed.

<b>SERVICE REQUEST NUMBER</b>	<b>PLAN TYPE CODE</b>
<b>APPLICANT INFORMATION</b>	
Applicant Name	
Phone	Ext      Email Address
<b>PROJECT INFORMATION</b>	
Project Name	
Project Address	Suite
Project City	Zip Code
Reason for Accelerated Review:	
	/ /
<b>SIGNATURE</b>	<b>DATE</b>
<b>STOP HERE AND FAX TO:</b> <b>714 - 368 – 8843</b>	

<b>THIS SECTION TO BE COMPLETED BY THE OCFA</b>						
REQUESTED BY:	/ /	<input type="checkbox"/> ACCELERATED				
DATE CONFIRMED:	/ /	<input type="checkbox"/> NOT ACCELERATED				
REVIEW COMPLETED:	/ /	<input type="checkbox"/> REQUEST CANCELLED				
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Total Time</th> </tr> <tr> <td style="width: 50%; text-align: center;">H</td> <td style="width: 50%; text-align: center;">M</td> </tr> </table>	Total Time		H	M
Total Time						
H	M					
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">REVIEWER ID #</th> </tr> <tr> <td style="height: 20px;"></td> </tr> </table>	REVIEWER ID #			
REVIEWER ID #						