



North Tahoe Fire Plan Review Application
 PO Box 5879 / 222 Fairway Drive
 Tahoe City, CA 96145
 (530) 583-6911 / Fax (530) 583-6909
 Submit to plans@ntfire.net

Generator Installation Plan Review

Residential/Commercial (GEN)

Date _____ County Issued Permit Number _____ APN _____

Project Address _____ County _____

Fire District North Tahoe Fire Meeks Bay Fire Alpine Springs Water District

Project Type New Change/Upgrade Existing

Occupancy Type _____

Project Description _____

Is this a resubmittal? No Yes (Date of last submittal _____)

Has there been a Pre-Development meeting for this project?
 No Yes (Date(s) of meeting(s) _____)

General Contractor

Name _____ Business Name _____

CA License # _____ Phone Number _____

Email _____

Homeowner

Name _____ Phone Number _____

Email _____

Mailing Address _____

Main Contact

Name _____

Phone Number _____ Email _____

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Review the statements below. Check the boxes once the statements have been reviewed.

Plan review turnaround is 15-business days from the date plan review fees are paid. Do not contact our office during the 15-business day review turnaround. Our staff will not respond to your inquiry. Once your review is complete, our office will contact you via email.

Review the submittal requirements below. NTFPD is no longer able to approve plans with conditions. If any of the requirements are missing, plans will not be approved and will be subject to resubmittals and resubmittal fees. All resubmittals trigger a new 15 business day turnaround.

Check the type of plan review that applies. Under the selected type, check the requirements to ensure all are met prior to submitting.

NTFPD/Placer Co. Review Submittal Requirements –

- A Site Plan showing location of the generator, power disconnect, and the shunt (If applicable).
- Applicable building codes and standards must be noted on the cover sheet, including the NTFPD amended fire code, Ordinance 04-2019.
- The location of the shunt per CFC Section 509 (If applicable).
- Cut sheets for the generator.
- Cut sheets for the shunt per CFC Section 509 (If applicable).
- The county issued project permit number. If the permit issuance checklist is already issued, include this with submittal. If not, you will be required to submit a copy to NTF once it is issued.
- Pre-Development Meeting Findings/Alternate Materials and Methods Request (If applicable).

MBFPD/EI Dorado Co. Review Submittal Requirements –

- A Site Plan showing location of the generator, power disconnect, and the shunt (If applicable).
- Applicable building codes and standards must be noted on the cover sheet, including the MBFPD amended fire code, Ordinance 19-2.
- The location of the shunt per CFC Section 509 (If applicable).
- Cut sheets for the generator.
- Cut sheets for the shunt per CFC Section 509 (If applicable).
- The county issued project permit number.
- Pre-Development Meeting Findings/Alternate Materials and Methods Request (If applicable).

Once the project is reviewed and approved, NTFPD/MBFPD will sign-off the workflow in the county's system and add any Fire flags/holds/notes that will be required for project final. This will allow for permit issuance from the county if their requirements have been met. Notify them when this review is approved.

I hereby acknowledge that I have read the Fire District's requirements above for plan review. Furthermore, I acknowledge that if any of the requirements are not complied with, the plans/project will fail review and will be subject to resubmittals and resubmittal fees. By signing below, I am verifying that I have met the requirements for this submittal.

Signature _____ Date _____

Review section below after plan review is complete.

For office use only:

Final Fire Inspections that will be required for this project:

Generator Final Inspection

Final Defensible Space Inspection

To schedule any of these inspections, visit our [bookings](#) page located at www.ntfire.net.

Additional Plan Review Comments:

Date completed _____	Approved	Not approved, resubmittal required	
County Workflow Cleared	Yes	No	

Cost Recovery Fees Due \$ _____ Paid on _____

Last four CC# _____ Check # _____