



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

[Fire Codes](#) - [Inspections](#) - [Cost Recovery Schedule](#)

Generator/Emergency and Standby Power System Installation Plan Review

Residential/Commercial

Date _____ County-Issued Permit Number (Required for this review) _____

Project Address _____

County _____ APN _____

Occupancy Type Residential Commercial

If Commercial, Business Name _____

Project Type New Change/Upgrade Existing

Project Description

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

Has there been an NTF Pre-Development meeting for this project?

 No Yes (Date(s) of meeting(s) _____)

General Contractor

Name _____ Business Name _____

CA License # _____ Phone Number _____

Email _____

Owner

Name _____ Phone Number _____

Email _____

Mailing Address _____

Main Contact

Name _____

Phone Number _____ Email _____

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Review the statements below and check the boxes to acknowledge

Plan review turnaround is 15-business-days from the date plan review cost recovery fees are paid. Do not contact our office during the 15-business day turnaround; staff will not respond to your inquiry. NTF staff will email you the reviewed plans once the review is complete.

Carefully review the submittal requirements below. NTF can no longer approve plans with conditions and if any plan review requirements are missing, plans will not be approved, and the project will be subject to re-submittals and resubmittal fees. **All re-submittals trigger a new 15-business-day turnaround.**

Generator/ Emergency and Standby Power System Installation Plan Review Submittal Requirements –

Review and check off the requirements to ensure all are met prior to submitting.

A cover sheet with project information and a site plan showing the location of the generator and power disconnect, and if applicable the location of the shunt.

Applicable building codes and standards must be noted on the cover sheet or the first page of the plans. The list must include the NTFPD Ordinance 04-2019, ASCWD Ordinance 9-2019, or MBFPD Ordinance 19-2.

Cut sheets for the generator.

The location of the shunt and cut sheets for the shunt per amended local ordinances. NTF and MBF Sections 604 and 1203, and ASWCD Section 604 (If applicable).

The county-issued project permit number.

Placer Co. - If the permit issuance checklist is already issued, include it with the submittal. If not, you will be required to submit a copy to NTF once it is issued.

Signed Pre-Development Meeting Findings and signed and approved Alternate Materials and Methods Request (If applicable).

This project type will require a Final Defensible Space Inspection in addition to the Generator’s Final Inspection. Would you like to pay the cost recovery fee for the Final Defensible Space Inspection now or at the time of the inspection?

Yes, pay now No, pay at the time of inspection

Once the project is reviewed and approved, the District will sign off the workflow in the county’s system and add any fire-related flags/holds/notes that will be required for project final. The approval of this review will allow for permit issuance from the county if their requirements have been met.

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 resubmittal and resubmittal fees. By signing below, I am verifying that I have met the requirements for this submittal.

Signature _____ Date _____

Review the section on the next page after the plan review is complete

For NTFPD staff to complete:

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](http://www.ntfire.net) page located at www.ntfire.net.

Additional Plan Review Comments:

Date completed _____ Approved Not approved, resubmittal required

County Workflow Cleared: Yes No No workflow available to clear

Cost Recovery Fees

Due \$ _____ Paid on _____ Last four CC# _____ Check # _____