



North Tahoe Fire Protection District  
 PO Box 5879 / 222 Fairway Drive  
 Tahoe City, CA 96145  
 (530) 583-6911 / Fax (530) 583-6909  
 Submit to [plans@ntfire.net](mailto:plans@ntfire.net)

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

## Will-Serve Letter Application

Date \_\_\_\_\_ County Issued Permit Number \_\_\_\_\_

Project Address \_\_\_\_\_

Project Name \_\_\_\_\_

County \_\_\_\_\_ APN \_\_\_\_\_ Occupancy Type \_\_\_\_\_

Are there other permit numbers associated with this address? Provide here \_\_\_\_\_

Project Type    New Construction    Demo/Rebuild    Remodel/Addition    Converting

Is the residence/building currently sprinklered?    No    Yes    It will be

Detached Garage or Storage?    No    Yes

Will there be a change in occupancy type    No    Yes

Project Scope of Work

Has there been a Pre-Development meeting for this project?

    No      Yes (Date(s) of meeting(s) \_\_\_\_\_)

Is this a plan review resubmittal?    No    Yes (Date of last submittal \_\_\_\_\_)

### Will Serve Letter

If this application is for a Will Serve Letter, who does the will-serve letter need to be addressed to?

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_

### Design Professional

Name \_\_\_\_\_ Business Name \_\_\_\_\_

CA License # \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

### Homeowner/Business Owner

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

**Main Contact and person responsible to pay cost recovery fees**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

**Review and acknowledge the following statements by checking each box:**

**Turnaround is 15 business days from the date the cost recovery fees are paid.** Do not contact our office during the 15-business day turnaround. Our staff will not respond to your inquiry. Once your review is complete, our office will contact you via email. Staff will notify the applicant of any plan review delays.

Carefully review all the submittal requirements; plans will not be approved with conditions. If any requirements are missing, plans will not be approved and will be subject to re-submittals and additional cost recovery fees. **All re-submittals trigger a new 15-business-day turnaround.**

What additional information/documents are being submitted with this application?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. Applicable building codes and standards must be listed on the cover sheet. The list must include the applicable local ordinance: NTFPD Ord. 02-2022, MBFPD Ord. 22-01, or ASCWD Ord. 13-2022.

6. Signed Pre-Development Meeting Findings Form and Signed and Approved Alternate Materials and Methods Request (If applicable). These will be a result of a pre-development meeting with the Fire Marshal.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Review the section below after the review is complete for notes/comments.**

Comments from Fire District:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date completed \_\_\_\_\_

Cost Recovery Fees

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