



ORANGE COUNTY FIRE AUTHORITY

SFR

Plan Submittal Criteria Form

Required for Single Family or Duplex Residences
(Use Commercial form for lots with 3+ dwelling units or new residential tracts)

Complete the Project Information and Questionnaire below, then sign and date the Applicant Certification.

Project Information

New Single Family Residence/Duplex
 Addition/Remodel
 ADU
 Other

| | | | |
|----------------|-------------------|-------------------------------------|--|
| Address: | Unit #: | City or Unincorporated County Area: | ZIP: |
| Scope of Work: | | | |
| Existing Area: | Area to be Added: | Total Resulting Area: | Stories: Area Added in Past 2 Years (excluding this project): |

Questionnaire

| | Yes | No | | OCFA Plan Type if "Yes" |
|-----|--------------------------|--------------------------|---|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | New – Is this a new single family residence or duplex? | <i>*(PR160) Residential Site with Water Availability (PR400-402) Fire Sprinkler</i> |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | ADU – Is this a new Accessory Dwelling Unit (ADU) on the same property as a house that already has fire sprinklers or a house that will have fire sprinklers added as part of this project? | <i>(PR400-402) Fire Sprinkler</i> |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Addition – Is this (A) an addition to a currently sprinklered building, or (B) an addition requiring a fire sprinkler retrofit based on a threshold set by local ordinance? | <i>(PR400-402) Fire Sprinkler</i> |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Distance – Is the most remote portion of the addition, ADU or other detached structure greater than 140-feet from the fire access roadway? | <i>*(PR160) Residential Site</i> |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Total Area – Will the addition result in a total area of greater than 3,600 square feet (sf) for non-sprinklered buildings, or greater than 6,200 sf for sprinklered buildings, including the area of all enclosed spaces, such as garages, stairs, and detached structures separated by less than 10-feet? | <i>*(PR160) Residential Site with Water Availability</i> |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Remodel – Is this a remodel of a sprinklered building with a scope of work that includes adding or removing any interior walls? Note: If "Yes", then project must be evaluated by a C-16 licensed contractor to determine if a fire sprinkler modification is needed. | <i>(PR400-402) Fire Sprinkler</i> |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Detached Structure – Is this a new detached utility or accessory structure (not an ADU), such as a garage, workshop, game room, pool house, barn, etc., requiring fire sprinklers based on a threshold set by local ordinance? | <i>*(PR160) Residential Site (PR400-402) Fire Sprinkler</i> |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Gate – Is a gate being installed across a driveway or road that is designated as a fire department access roadway, or a driveway or road that serves more than a single home/duplex? | <i>(PR180) Gate</i> |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Methane – Is project located in or less than 100' from a "Division of Oil, Gas, and Geothermal Resources" (DOGGR) field boundary or well (active or abandoned), less than 300-feet from an oil/gas seep, or less than 1000-feet from a landfill? (Note: For projects in Yorba Linda, this requirement only applies to new homes, enclosed accessory structures, addition to existing structure greater than 1000 sf, and ADU's). | <i>*(PR160) Residential Site *(PR172-174) Methane Test/Mitigation Plans</i> |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Vegetation – Is the property/structure (A) on the perimeter of a community containing, or adjacent to slopes or hills, or (B) adjacent to an open space or wildland area containing non-irrigated vegetation, or (C) in a State Responsibility Area or Local Responsibility Area "Fire Hazard Severity Zone", as defined by the State, or (D) near an area that could be affected by a wildfire in the open space. | <i>*(PR125) Fuel Modification (PR182) Accessory Structure</i> |

*OCFA approval required before issuance of a grading/building permit. All other plans types may be deferred submittals.

Applicant Certification

I certify, under penalty of perjury, under the laws of the State of California, that the information above is true:

Print Name: _____ Signature: _____ Date: _____
 Phone Number: _____ Email: _____

Attention Building Department Staff – After you've verified all questions were answered accurately as "No", then you may accept this signed form as a written release that an OCFA review is not required. If any questions were answered as "Yes", then the plan type on the right side may be required.

_____ If all answers are "No" and the Building Department still requires the applicant to have their plans reviewed by OCFA, or if any answers are "Yes" and the Building Department prefers for OCFA to determine if a review is required, please initial this line and provide an explanation on the Plan Referral Form (on the reverse), to be submitted along with the appropriate plans to OCFA for a determination.



ORANGE COUNTY FIRE AUTHORITY

Plan Referral Form

Required for OCFA to review plans upon the request of the Building Department when the answers on the Plan Submittal Criteria Form (on the reverse) are all "No".

City Official Requesting Review:

City Reference #: _____

City / County: _____

Date: _____

Contact Name: _____

E-Mail: _____

Title: _____

Phone #: _____

**** Have the applicant complete and sign the OCFA Plan Submittal Criteria Form on the reverse of this form. ****

Reason(s) for Review:

Please describe why OCFA Plan Review is or may be required by the City/County:

OCFA COMMENTS:

No further action required on this specific plan type, based on information provided on: ____/____/____.

Project to be taken in for OCFA Review.

Other:

Name: _____

Contact #: _____

Date: _____

OCFA Authorization