



Construction Permit Application - Miscellaneous



Fees can be paid with VISA/Mastercard, cash, or check made payable to the "City of Dixon". Fees are required to be paid prior to plan review being started. Approximate time for plan review is two weeks after fees have been paid. **INCOMPLETE SUBMITTAL FORMS WILL BE REJECTED. Two or more sets of plans are required upon submittal. Cut sheets and calculations are required for fire alarm and sprinkler systems.** If submitting more than one set of plans with the same following information, you may use the same application. Please list each address and fill in the correct quantity.

Fee Calculations

Qty	Plans	Price
	Automatic Fire-Extinguishing System - Other	\$ 1,103.76
	Compressed Gases	\$ 456.84
	Cryogenic Fluids	\$ 456.84
	Emergency Responder Radio Coverage System	\$ 456.84
	Energy Storage Systems	\$ 456.84
	Fire Pumps and Related Equipment	\$ 672.84
	Flammable Combustible Liquids	\$ 564.84
	Fuel Cell Power Systems	T/M
	Gas Detection Systems	\$ 241.92
	Gates & Barricades Across Fire Apparatus Access Roads	\$ 241.92
	Hazardous Materials	\$ 888.84
	High-Piled Combustible Storage	T/M
	Industrial Ovens	\$ 456.84
	LP-Gas	\$ 564.84
	Motor Vehicle Repair Rooms and Booths	\$ 564.84
	Plant Extraction Systems	\$ 672.84
	Private Fire Hydrants	
	First Hydrant	\$ 241.92
	Each Additional Hydrant	\$ 108.00
	Smoke Control or Smoke Exhaust Systems (Base Rate + Inspection)	\$ T/M+ 51.84
	Solar Photovoltaic Power Systems	\$ 348.84
	Special Event Structure	\$ 348.84
	Spraying and Dipping	\$ 672.84
	Standpipe Systems	\$ 672.84
	Temporary Membrane Structures, Tents and Canopies	\$ 348.84

* T/M = Time and Material

Fees include 8% technology fee per Res 23-214, plan review, hydrostratic test or visual inspection when required, and final inspection. Any special inspections or re-inspections required are billed at a rate of \$224.00/hour including drive time.

Total Plans Submitted

Total Cost

Project Name

Contact Name(s)

Project Address

Email Address

Phone Number

Company Submitting Plans

Contact Name(s)

Mailing Address

Email Address

Phone Number

Department Use Only

Method of Payment:

Comments:
