



# FIRE PERMIT APPLICATION

PLEASE PRINT CLEARLY

FIRE PERMIT NO.:
ASSOCIATED BUILDING PERMIT NO.:

DATE	Initial Submission <input type="checkbox"/> 1 <sup>st</sup> Resubmittal <input type="checkbox"/> 2 <sup>nd</sup> Resubmittal <input type="checkbox"/>	Addl. Resubmittal (fee req.) <input type="checkbox"/> Expedite Request (needs approval) <input type="checkbox"/> As-Builts (fee req.) <input type="checkbox"/>	Master <input type="checkbox"/> Approved Master <input type="checkbox"/> Master Fire Permit NO.:
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PROJECT NAME:

**PROJECT ADDRESS: ( <u>NOT</u> MAILING ADDRESS):	SUITE/UNIT NO.
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\*\*CONTRACTOR'S NAME:

** CONTRACTORS STATE LICENSE NUMBER _____	CLASSIFICATION _____	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE
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CONTRACTOR'S ADDRESS _____	CITY _____	STATE _____	ZIP _____	EMAIL ADDRESS _____
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**DESIGN PROFESSIONAL _____	** LICENCE #: _____	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE
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DESIGN PROFESSIONAL ADDRESS _____	CITY _____	STATE _____	ZIP _____	EMAIL ADDRESS _____
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APPLICANT/CONTACT—SELECT ONE: <input type="checkbox"/> owner <input type="checkbox"/> lessee/tenant <input type="checkbox"/> designer <input type="checkbox"/> agent for owner <input type="checkbox"/> contractor (type in name)	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE
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APPLICANT/CONTACT ADDRESS _____	CITY _____	STATE _____	ZIP _____	EMAIL ADDRESS _____
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PROPERTY OWNER	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE
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TYPE OF PERMIT (MARK ALL THAT APPLY)

FIRE SPRINKLERS  
  UNDERGROUND FIRE MAIN  
  FIRE ALARM  
  STANDPIPE  
  FIRE PUMP  
 BATTERY SYSTEM INSTALL  
 OTHER \_\_\_\_\_

COMPLETE IF APPLICABLE

SPRINKLER PLANS, # OF SPRINKLER HEADS \_\_\_\_\_  
 FIRE ALARM PLANS, # OF INITIATING AND NOTIFICATION DEVICES \_\_\_\_\_  
 UNDERGROUND OR ABOVE GROUND TANKS INVOLVED, # OF TANKS \_\_\_\_\_

DESCRIPTION OF WORK

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I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE ALLOW A MINIMUM OF 60 WORKING DAYS FOR REVIEW. THE APPLICANT WILL BE NOTIFIED WHEN THE PLANS ARE READY FOR PICK-UP. THIS IS NOT A PERMIT. A FIRE PERMIT WILL ONLY BE ISSUED UPON COMPLIANCE WITH ALL REQUIREMENTS OF APPLICABLE CODES.  
**\*\*MUST BE IDENTIFIED**

2373 Circadian Way, Santa Rosa, CA 95407  
707-543-3524