



# FIRE PERMIT APPLICATION

<b>OFFICE USE ONLY</b>
DS No. _____
Permit No. _____
Payment: C/C or Check No. _____

<b>Project Address:</b>		<b>Occupant</b>	
<b>Applicant Name:</b>		<b>Owner Name:</b>	
<b>Telephone:</b>		<b>Telephone:</b>	
<b>Email:</b>		<b>Email:</b>	
<b>Contractor Name:</b>	<b>Contractor License No:</b>	<b>Classification:</b>	<b>Expiration Date:</b>
<b>Address:</b>	<b>City Business License No:</b>	<b>Expiration Date:</b>	
<b>Project Description:</b>			<b>Valuation:</b>

### Permit Type

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Fire Alarm System<br/>(Circle) New / TI<br/>No. of Devices _____</li> <li><input type="checkbox"/> Battery System</li> <li><input type="checkbox"/> Clean Agent System</li> <li><input type="checkbox"/> Fire Master Plan</li> <li><input type="checkbox"/> Fire Pump</li> <li><input type="checkbox"/> Fire Sprinkler System<br/>(Circle) New/ TI<br/>No. of Heads _____<br/>Type of System (Circle) 13 13R 13D</li> <li><input type="checkbox"/> Fire Underground Line<br/>(Circle) New/ TI<br/>No. of Appurtenances _____</li> <li><input type="checkbox"/> Fuel Modification (VHFHSZ)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> High Piled Storage</li> <li><input type="checkbox"/> Hood Fire Suppression System</li> <li><input type="checkbox"/> Methane Mitigation</li> <li><input type="checkbox"/> Pre-Action Fire Suppression System</li> <li><input type="checkbox"/> Photovoltaic System</li> <li><input type="checkbox"/> Spraying &amp; Dipping</li> <li><input type="checkbox"/> Other _____</li> </ul> |
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### Temporary Use Permits

- Carnivals & Fair  
Date of Event \_\_\_\_\_
- Tent & Canopy  
Date of Event \_\_\_\_\_
- Other \_\_\_\_\_

### WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury to ONE of the following declarations:

\_\_\_\_ I have and will **maintain a certificate of consent to self-insure for workers' compensation**; as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

\_\_\_\_ I have and will **maintain workers' compensation insurance**, as required by Section 3700 of the Labor Code, for the performance for the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

CARRIER: \_\_\_\_\_ POLICY NO. \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

\_\_\_\_ I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Warning; Failure to secure worker's compensation coverage is unlawful, and shall subject an employer to criminal penalties and civil fines to one hundred thousand dollars (\$100,00), in addition to the cost of compensation, damages as provided for in section 3706 of the labor code, interest, and attorney's fees.

DATE: \_\_\_\_\_ APPLICANT: \_\_\_\_\_