



FIRE PERMIT APPLICATION

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

Project Address:		Occupant:	
Applicant Name:		Owner Name:	
Telephone:		Telephone:	
Email:		Email:	
Contractor Name:		Contractor License No:	Classification:
			Expiration Date:
Address:		City Business License No:	Expiration Date:
Zip Code:			
Project Description:			Valuation:

Permit Type

- | | |
|---|---|
| <input type="checkbox"/> Fire Alarm System
(Circle) New / TI
No. of Devices _____
<input type="checkbox"/> Battery System
<input type="checkbox"/> Clean Agent System
<input type="checkbox"/> Fire Master Plan
<input type="checkbox"/> Fire Pump
<input type="checkbox"/> Fire Sprinkler System
(Circle) New/ TI
No. of Heads _____
Type of System (Circle) 13 13R 13D
<input type="checkbox"/> Fire Underground Line
(Circle) New/ TI
No. of Appurtenances _____
<input type="checkbox"/> Fuel Modification (VHFHSZ) | <input type="checkbox"/> High Piled Storage Sq. Ft. _____
<input type="checkbox"/> Hood Fire Suppression System
<input type="checkbox"/> Methane Mitigation
<input type="checkbox"/> Pre-Action Fire Suppression System
<input type="checkbox"/> Photovoltaic System
<input type="checkbox"/> Spraying & Dipping
<input type="checkbox"/> Other _____

<u>Temporary Use Permits</u>
<input type="checkbox"/> Carnivals & Fair
Date of Event _____
<input type="checkbox"/> Tent & Canopy
Date of Event _____
<input type="checkbox"/> 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 (\$100,000), 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: _____