



CENTRAL COUNTY FIRE PERMIT APPLICATION

TODAY'S DATE: _____

PROJECT ADDRESS: _____ UNIT# _____

This is a Single Family Residence _____
 Apartment Building of _____ units
 Commercial Single Story Multi-Story
 There is currently no structure on this parcel.
 Other (please specify) _____

PERMIT #: _____

PROPERTY OWNER TENANT

Name: _____
Address: _____
City/ST/Zip: _____
Day Phone: _____

ENGINEER DESIGNER

Name: _____
Registry # _____
Address: _____
City/ST/Zip: _____
Day Phone #: _____

CONTRACTOR OWNER - BUILDER

Lic. # _____ Lic. Class _____
Namestyle: _____
Address: _____
City/ST/Zip: _____
Day Phone #: _____
City Business Lic. # _____

Certification of Applicant (Hillsborough Only)

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all City Ordinances and State laws regulating building construction. I further state the contract price of the job is:
\$ _____ x 1/2 % (.005) = \$ _____
Signed _____ Date _____

CONTRACTOR ATTEST: I certify under penalty of perjury that I am self-employed and have *no employees*, and am therefore exempt from California Workers Compensation laws.

Signature: _____

FOR OFFICE USE ONLY:

Verify Workers Comp ON FILE _____
Expiration Date _____

DESCRIPTION OF WORK: (Please fill in and mark all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Fire Alarm System | <input type="checkbox"/> Fixed Extinguishing System | <input type="checkbox"/> Storage Tank Install |
| <input type="checkbox"/> Fire Monitoring System | <input type="checkbox"/> High Piled Storage | <input type="checkbox"/> Other |
| <input type="checkbox"/> Fire Sprinkler System | <input type="checkbox"/> Standpipe | |

Other/Additional Description:

Building Permit #: _____

PROJECT CONTACT PERSONS:

During Plan Check: _____ Fax # _____
During Construction: _____ Day Phone # _____
Email Address: _____ Day Phone # _____

Applicant's Signature: _____

Name Printed: _____



Central County Fire Department
 1399 Rollins Road, Burlingame, CA 94010 (650) 558-7615

CONSTRUCTION PERMIT

Site Address: _____ Permit #: _____

Permit Type: _____

Permit Type	Inspector	Date	Comments
Fire Sprinkler System			
Overhead Rough			
Overhead Hydro			
Meter Verification			
Hydraulic Nameplate			
System Test			
Final			
Standpipe System			
Hydro			
Visual			
Final			
Fire Alarm System			
System Test			
Final			
Fixed Extinguishing System			
System Test			
Extinguisher			
Final			
Storage Tank			
Final			
Other			
Final			

Please contact (650) 558-7615 to schedule an inspection. Inspections shall be scheduled 48 hours in advance.