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** ☐**Architect** ☐**Engineer** ☐**Consultant** **Name:** **Email:** **Telephone:**	**Owner Address:** **City:** **Zip Code:**		
☐**Contractor** ☐**Architect** ☐**Engineer** ☐**Applicant** ☐**Consultant** **Address:** **City:** **Zip Code:**	**Contractor License No:**	**Classification:**	**Expiration Date:**
Project Description:	**City Business License No:**	**Exp Date:** **Valuation:**	

Permit Type

☐ Fire Alarm System
(**Check one**) ☐New / ☐ TI
No. of Devices ____
☐ Battery System
☐ Clean Agent System
☐ Fire Master Plan
☐ Fire Pump
☐ Fire Sprinkler System
(**Check one**) ☐ New/ ☐ TI
No. of Heads _____
Type of System
(**Check one**) ☐13 ☐13R ☐13D
☐ Fire Underground Line
(**Check one**) ☐New/ ☐TI
No. of Appurtenances _____

☐ Fuel Modification (VHFHSZ)
☐ High Piled Storage Sq. Ft._____
☐ Hood Fire Suppression System
(**Check one**) ☐ New/☐ TI
☐ Methane Mitigation
☐ Pre-Action Fire Suppression System
☐ Photovoltaic System
☐ Spraying & Dipping
☐ Other _____

Temporary Use Permits

☐ 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 penal ties and civil fines to one hundred thousand dollars ($100,00), in addition to the cost of compensation, damages as provided for in section o3706 of the labor code, interest, and attorney's fees.

DATE: _____ APPLICANT: _____