



# OFFICE OF THE FIRE MARSHAL

SANTA CRUZ COUNTY FIRE DEPARTMENT  
PAJARO VALLEY FIRE PROTECTION DISTRICT

NATE ARMSTRONG, FIRE CHIEF  
6059 HIGHWAY 9, P.O. DRAWER F-2, FELTON, CA 95018, (831) 335-6748

## PERMIT APPLICATION

APN NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS OF INSTALLATION: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

LICENSE CLASS: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

PERMIT FOR: NEW  ADDITION  MODIFICATION

SPRINKLER SYSTEM: OVERHEAD  UNDERGROUND

\*Must include manufacturers' cut sheet for all Overhead sprinkler plans.

FIRE ALARM SYSTEM:  CENTRAL STATION \_\_\_\_\_  
 REMOTE STATION \_\_\_\_\_

\*Must include manufacturers' cut sheet and CSFM Listings & Monitoring Contract

FIXED FIRE SYSTEM:

\*Must include manufacturers' cut sheet and CSFM Listings

OTHER: \_\_\_\_\_

### LICENSED CONTRACTOR'S DECLARATION

I hereby affirm that I am licensed under applicable provisions of the California Business and Professions Code and my license is in full force and effect.

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

**Worker's Compensation Insurance:** Certification on File? Yes  No

### SUB-CONTRACTOR

If you plan to utilize a sub-contractor as part of this permit, please include the following:

CONTRACTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

LICENSE CLASS: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

I hereby affirm the above named sub-contractor is properly licensed under applicable provisions of the California Business and Professions Code and license is in full force and effect.

**Worker's Compensation Insurance:** Certification on File? Yes  No

I certify that I have read this application and state that the above information is correct. I agree to comply with all District and County ordinances, District, County, and State laws regulating to building construction, fire and life safety requirements, and hereby authorize representatives of the District/Department to enter upon the above mentioned property for inspection purposes.

APPLICANT OR AGENT \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED FOR ISSUANCE

PERMIT# \_\_\_\_\_ FEE: \_\_\_\_\_ DATE: \_\_\_\_\_ INITIALS: \_\_\_\_\_