



OFFICE OF THE FIRE MARSHAL

SANTA CRUZ COUNTY FIRE DEPARTMENT
PAJARO VALLEY FIRE PROTECTION DISTRICT

JED WILSON, 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: _____