



FIRE PREVENTION DIVISION
 480 North Canal Street
 South San Francisco, CA 94080
 Office: 650.829.6645
 Fax: 650.829.3954

FIRE PREVENTION PERMIT APPLICATION

Application Date: _____	New Fire Permit #:	
	Parent B Permit # (if applicable):	
	Parent F Permit # (if applicable):	
	<i>* Original application must be returned with all plan resubmittals</i>	
Job Address:	APN #:	
Applicant Name:	E-mail Address:	
Company/Contractor:		
Address:	State License #:	
City: State: Zip:	City Business License #:	
Phone:	Cell Phone:	
Fax:		
SCOPE OF WORK		
New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Demolish <input type="checkbox"/> Other <input type="checkbox"/>		Job Valuation: \$
REQUIRED: # of Letter size sheets:		# of Plan sheets:
USE AND DESCRIPTION OF PROPOSED WORK		
Description of Work:		
Type of Construction:	Occupancy Classification:	Building Sq. Footage:
# of Stories:		
Sprinkler last test date:	Standpipe last test date:	Fire Alarm last test date:
<i>**Office use only below this line**</i>		
Comments:	PERMIT FEE	\$
	PLAN CHECK FEE	\$
	MANDATORY COMMERCIAL FEE	\$
	DIGITIZING FEE	\$
	DATABASE MAINTENANCE FEE	\$
	EXPEDITE	\$
	TOTAL FEES	\$