



# BARSTOW FIRE PROTECTION DISTRICT FIRE PERMIT APPLICATION

PROJECT ADDRESS \_\_\_\_\_

RESIDENTIAL  COMMERCIAL

## APPLICANT INFORMATION

APPLICANT'S NAME <input type="checkbox"/> TENANT <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> ENGINEER <input type="checkbox"/> ARCHITECT		TELEPHONE NUMBER (     )	
IF APPLICANT IS A BUSINESS, PLEASE LIST THE PRIMARY CONTACT	TELEPHONE NUMBER (     )	EMAIL ADDRESS	
APPLICANT'S PHYSICAL ADDRESS	CITY	STATE	ZIP
APPLICANT'S MAILING ADDRESS	CITY	STATE	ZIP

## PROPERTY OWNER(S) INFORMATION SAME AS APPLICANT INFORMATION

PROPERTY OWNER(S) NAME		TELEPHONE NUMBER (     )	
PROPERTY OWNER'S PHYSICAL ADDRESS	CITY	STATE	ZIP
PROPERTY OWNER'S MAILING ADDRESS	CITY	STATE	ZIP

## CONTRACTOR INFORMATION

CONTRACTOR'S NAME		STATE LICENSE #	EXPIRATION
ADDRESS		CITY	STATE     ZIP
PHONE NUMBER (     )	FAX NUMBER (     )	EMAIL ADDRESS	
WORKER'S COMPENSATION CARRIER (INCLUDE COPY OF CERTIFICATE)		POLICY #	EXPIRATION

## PROJECT INFORMATION

**CHECK ALL WHICH APPLY:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> NEW BUILDING  | <input type="checkbox"/> TENANT IMPROVEMENT   | <input type="checkbox"/> FIRE ALARM SYSTEM |
| <input type="checkbox"/> UNDERGROUND PLANS   | <input type="checkbox"/> HOOD & DUCT  | <input type="checkbox"/> SPRAY BOOTH       |
| <input type="checkbox"/> RESIDENTIAL FIRE SPRINKLERS<br>• SQ. FT. OF BUILDING AREA _____                         | <input type="checkbox"/> COMMERCIAL FIRE SPRINKLERS<br>• SQ. FT. OF BUILDING AREA _____ |  |
| <input type="checkbox"/> STANDPIPE SYSTEM  | <input type="checkbox"/> FIRE FLOW TESTING  | <input type="checkbox"/> FIRE LETTER       |
| <input type="checkbox"/> MINOR SPRINKLER SYSTEM MODIFICATION (NO CALCULATION(S), ≤5 HEADS)                       |   |  |
| <input type="checkbox"/> SPRINKLER SYSTEM MODIFICATION (6 TO 40 HEADS AND/OR REQUIRING HYDRAULIC CALCULATION(S)) |   |  |
| <input type="checkbox"/> SPECIAL EXTINGUISHING SYSTEMS (PRE-ENGINEERED, ≤2 HEADS)                                |   |  |
| <input type="checkbox"/> SPECIAL EXTINGUISHING SYSTEMS (ALL OTHERS) <input type="checkbox"/> OTHER: _____        |   |  |

*Continued On Reverse Side*

**PLEASE BE SURE THAT FRONT SIDE IS COMPLETED. THANK YOU.**

**PROJECT INFORMATION (CONTINUED)**

**DESCRIPTION OF WORK:**

**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION OF ENTRY:**

I certify that I have read this application and state the information provided is true and correct. I agree to comply with all State laws and City ordinances relating to the construction and/or installation of equipment to which this permit is issued. I authorize the Barstow Fire Protection District's representative(s) to enter upon the property for which this fire permit is issued for the purpose of conducting related inspections.

SIGNATURE	PRINTED NAME	DATE
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**For Office Use Only**

DATE APPLICATION RECEIVED	APPROVED BY
TOTAL FEES DUE:	