



BARSTOW FIRE PROTECTION DISTRICT

A Subsidiary District of the City of Barstow
 220 E. MOUNTAIN VIEW ST., SUITE A
 BARSTOW, CA 92311

FIRE APPLICATION FOR ANNUAL INSPECTION OF MULTI-FAMILY (3 OR MORE UNITS) RESIDENTIAL HOUSING

One (1) Assessor's Parcel No. per application only.

MAIN PROPERTY ADDRESS	# OF UNITS	ASSESSOR'S PARCEL NUMBER
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PROPERTY OWNER(S) INFORMATION			
PROPERTY OWNER(S) NAME		TELEPHONE NUMBER ()	
PROPERTY OWNER'S PHYSICAL ADDRESS	CITY	STATE	ZIP
PROPERTY OWNER'S MAILING ADDRESS	CITY	STATE	ZIP
PROPERTY OWNER'S EMAIL ADDRESS	CELL PHONE NUMBER ()		

PROPERTY MANAGER INFORMATION (IF APPLICABLE)			
PROPERTY MANAGEMENT COMPANY'S NAME		PRIMARY CONTACT'S NAME	
ADDRESS	CITY	STATE	ZIP
PHONE NUMBER ()	FAX NUMBER ()	EMAIL ADDRESS	

PROPERTY INFORMATION		
PLEASE PROVIDE ADDRESSING FOR ALL UNITS. LIST EACH UNIT ON A SEPARATE LINE. (ATTACH ADDITIONAL SHEETS, IF NECESSARY) Example: <ul style="list-style-type: none"> • 100 Barstow Road, Apt/Unit #1, Apt/Unit #2, etc. or Apt/Unit A, Apt/Unit B, etc. • 100 Barstow Road, 100 ½ Barstow Road, etc. • 100 Barstow Road, 102 Barstow Road, etc. 		
STREET NUMBER	STREET NAME	APT/UNIT #

CHECK ALL WHICH APPLY TO PROPERTY:

RECREATION ROOM/HALL
 SHARED LAUNDRY FACILITIES
 SEPARATE LAUNDRY IN EACH UNIT

INSPECTION INFORMATION
<ul style="list-style-type: none"> • Building address must be clearly visible from the street on a contrasting color (6 to 24 inches high). Building letter designation must be visible from all potential fire lane approaches. • Smoke detectors AND carbon monoxide detectors must be installed, tested and properly working at the access of bedrooms. • Ensure all sides of the building(s), gas meter(s), and electrical panel(s) are free of weeds, trash and combustible storage.
<i>Continued On Reverse Side</i>

INSPECTION INFORMATION (Continued From Front Side)

- Dumpsters must be 5 feet away from combustible walls, windows, and building overhangs.
- The building(s) must have a 2A10BC or larger fire extinguisher within 75 feet of travel distance in an area accessible to all residents *or* each unit must be supplied with a fire extinguisher. All extinguishers must be visible and accessible, mounted on a wall with a current State licensee service tag.
- All driveways (fire lanes) must remain unobstructed at all times.
- Fire Department Knox Box must be in place, when required, and keys must be current.

FEE CALCULATION

a) Base Annual Fee			\$100
b) Total # of Units:	_____	X	\$10/unit
c) TOTAL ANNUAL FEE (a + b):			\$

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 annual inspection of residential multi-family rental property (3 or more units). I authorize the Barstow Fire Protection District's representative(s) to enter upon the property for which this annual fire permit is issued for the purpose of conducting related inspections.

PROPERTY OWNER'S SIGNATURE	PRINTED NAME	DATE
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PLEASE BE SURE THAT FRONT SIDE IS COMPLETED. THANK YOU.

For Office Use Only

DATE APPLICATION RECEIVED	APPROVED BY
TOTAL FEES DUE:	