



# Santa Clara Fire Department

## FIRE PREVENTION & HAZARDOUS MATERIALS DIVISION

1675 Lincoln Street, Santa Clara, CA 95050  
PHONE: (408) 615-4970



### 2020 – 2021 PERMIT APPLICATION

#### FOR OFFICE USE ONLY

Fire Permit #: **FIR** \_\_\_\_\_ – \_\_\_\_\_ Permit Type: \_\_\_\_\_ Permit Fee Total: \$ \_\_\_\_\_

Payment Type & Reference: \_\_\_\_\_ Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

#### PROJECT INFORMATION:

BLD Permit #: \_\_\_\_\_  N/A

Type of Permit(s): \_\_\_\_\_

Description of proposed work: \_\_\_\_\_

Facility or Project Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: Santa Clara Zip: \_\_\_\_\_

#### INSTALLING CONTRACTOR/DESIGN PROFESSIONAL:

Payment Contact Email: \_\_\_\_\_

Company: \_\_\_\_\_ Santa Clara Business License #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Point of Contact (print): \_\_\_\_\_ Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

License Classification (as applicable): \_\_\_\_\_ License # (as applicable): \_\_\_\_\_

#### PROPERTY OWNER:

Company: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Point of Contact (print): \_\_\_\_\_ Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

#### GENERAL CONTRACTOR:

Company: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone#: \_\_\_\_\_

#### WORKERS COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations (pick one):

- Not Applicable
- I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation Laws of California.
- I have and will maintain a Certificate of Consent to self-insure for Worker's Compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which the permit is issued. My Worker's Compensation Insurance and Policy number are:

Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Applicant's Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE TO APPLICANT:** If, after making this Certificate of Exemption, you should become subject to the Worker's Compensation provisions of the Labor Code, you must comply with such provisions or this permit will be revoked.

I certify that I have read this application and state that the above information is true and correct. (We) agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of Santa Clara Fire Department to enter upon the above-mentioned property for inspection purposes. (We) agree to save, indemnify, and keep harmless the Santa Clara Fire Department against liabilities, judgments, costs, and expenses that may in any way accrue against said department in consequence of the granting of this permit.

Applicant's Name (print): \_\_\_\_\_ Company Represented: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

