



Santa Clara Fire Department

FIRE PREVENTION & HAZARDOUS MATERIALS DIVISION

1675 Lincoln Street, Santa Clara, CA 95050
PHONE: (408) 615-4970 • Fax: (408) 241-3006



2020-2021 Fire Permit & Inspection Request Guidelines

FIRE PERMIT APPLICATIONS

Effective immediately, our process for submitting a Permit Application is as follows:

ELECTRONIC SUBMITTALS are preferred. The instructions below are for ELECTRONIC SUBMITTALS.

1. Please provide the following documentation when applying for a NEW PERMIT:
 - Permit Application – <https://www.santaclaraca.gov/home/showdocument?id=11495>
 - Plans or Drawings and any supporting documentation provided in an electronic format
2. Please ZIP all files together for submission. Please do not upload separate files for the same project. Your file should be named as follows: “Street Address – Your Company Name – Type of Permit” – an example would be: “3000 ANYSTREET AVE – FIRE COMPANY – SPRINKLER.ZIP”
3. Do not email your files unless specifically asked to do so. Do not upload any other type of file other than a NEW permit application. Please use the following link to upload your NEW permit application:
<https://www.dropbox.com/request/sV70y5qBZZ6ssXAr0CwZ>
4. Once you have uploaded your files, please send an email to FPPFrontDesk@santaclaraca.gov with the subject line “**New Permit Application**”. Please tell us the name of the file you uploaded, the date of the upload **and the contact information (name, phone number and email address) for the person who will be responsible for providing payment details.** We are currently calling for payment on Tuesdays and Thursdays between 9am – 11am, due to the Santa Clara County Shelter in Place order. If you need to make other payment arrangements (ie mail a check, or provide payment at a different time) please email FPPFrontDesk@santaclaraca.gov and let us know. We will try to accommodate all requests.
5. All **OVERTIME PLAN REVIEW** and **OVER THE COUNTER PLAN REVIEW** is on indefinite hold.
6. Once we have processed your payment, we will email your receipt which will include your **Fire Permit** (FIR2020-xxxxx) number. Please make a note of this number as we will require it to check on the processing of your permit or to schedule any inspections once your permit is issued.
7. Your plan reviewer will respond via email and let you know whether your permit has been approved or if a resubmittal is required. Please make sure that the email address provided on your permit application is correct.
8. If you have any questions regarding your permit application or the process, please email FPPFrontDesk@santaclaraca.gov and we will answer your questions or refer you to someone who can. We are trying to respond to all emails within 24 hrs.

FIRE PERMIT PLAN REVIEW RESUBMITTALS:

Effective immediately, our process for plan resubmittals is as follows:

1. You will be notified by your Plan Reviewer if a resubmittal is required. Contact FPPFrontDesk@santaclaraca.gov with your FIR#, your contact information, **the contact information for the person responsible for payment**, and the name of the Plan Reviewer requesting the resubmittal. A valid upload link will be provided to you upon payment. Do NOT email your resubmittal directly.

FIRE PERMIT INSPECTIONS

Effective immediately, our process for requesting an inspection is as follows:

1. If you are requesting a construction inspection (NO HAZMAT), use the following link and schedule your inspection online:
<https://scfdinspections.setmore.com>
2. To schedule an inspection under any permit, the Contractor/Subcontractor **must** have a Site-Specific Health & Safety Plan on file with our Division. If the site has a General Contractor, the subcontractor(s) must comply with the General Contractors plan. Site-Specific Health & Safety Plans must be submitted to FPPFrontDesk@santaclaraca.gov. If inspections are required to be rescheduled or cancelled for failure to comply with any component of the Health & Safety plan, a re-inspection fee will be assessed. Please reference your FIR# when you submit your plan.
3. If you need to schedule a Hazmat inspection, please contact FPPFrontDesk@santaclaraca.gov until further notice.

If you have any questions, please contact FPPFrontDesk@santaclaraca.gov by email



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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: _____

