



# Fire Construction Permit Application FY2025-2026

*An incomplete application will result in a delay in processing your permit*

## Application

### Project / Facility Information

*The building permit number associated with the permit (if one exists) must be provided to avoid the application being deemed incomplete.*

Associated BLD permit # \_\_\_\_\_

This permit is NOT associated with an active building permit

Type of Fire Permit: \_\_\_\_\_

Description of Work: \_\_\_\_\_

No. of Devices (ALARM only): \_\_\_\_\_

No. of Heads (AS/OH only): \_\_\_\_\_

New System

Existing System

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

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

### Design Professional Information

*This must be the individual with direct knowledge and oversight of the work (e.g., California licensed architect, engineer, or design professional of record). This person will be considered the "permit applicant".*

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Point of Contact: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

License Classification: \_\_\_\_\_ License #: \_\_\_\_\_

### Installing Contractor Information

*The installing contractor must complete this section along with the Workers' Compensation Declaration below. This entity is required to have an active Santa Clara Business License.*

Same as Design Professional

Company: \_\_\_\_\_ Santa Clara Bus. Lic. # \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Point of Contact: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

License Classification: \_\_\_\_\_ License #: \_\_\_\_\_

## Owner, Tenant or Owner's Designee

*Will be copied on all correspondence.*

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Point of Contact: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

## Workers Compensation Declaration

I hereby affirm under penalty of perjury one of the following declarations: (choose 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 #: \_\_\_\_\_

Installing Contractor 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.*

## Certification

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 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. To the extent permitted by law, Design Professional of Record/Installing Contractor agrees to protect, defend, hold harmless and indemnify the City, its City Council, commissions, officers, employees, volunteers and agents from and against any claim, injury, liability, loss, cost, and/or expense or damage, including all costs and reasonable attorney's fees in providing a defense to any claim arising therefrom, for which the City shall become liable arising from Design Professional of Record/Installing Contractor's negligent, reckless or wrongful acts, errors, or omissions with respect to or in any way connected with the Services performed in consequence of the granting of this permit.

Design Professional of Record/Installing Contractor: \_\_\_\_\_

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Contact Information

Santa Clara Fire Department

Community Risk Reduction Division

1675 Lincoln St., Santa Clara CA 95050

Location: 408-615-4970 | Email: [crrd@santaclaraca.gov](mailto:crrd@santaclaraca.gov)