



PERMIT# FC

Fire Code Permit Application/Operational Permit

Type of permit: _____ **Installation date(s):** _____

Site Address: _____

Business name: _____

Business Address: _____

Business representative name and phone: _____

Contractor Company Name: _____

Contractor Address: _____

Contractor representative name and phone: _____

Worker's Comp #: _____ **Business Lic. #:** _____

Extent of Use/Operation: _____

PERMIT FEE:

DATE PAID:

Applicant Signature

Date

Plan submittal and approved permit may also be required by the City in which work will occur. Please contact Central County Fire Department at (650) 558-7600 to schedule final test and inspection.