



Fire Protection and Special Systems Permit Application

San Jose Fire Department
Bureau of Fire Prevention
200 E. Santa Clara Street
San José, CA 95113-1905
Phone: (408) 535-7750

PERMIT FEES MUST BE SUBMITTED WITH APPLICATION

Building Plan Check # _____ Permit #: _____

PROJECT/FACILITY INFORMATION

Business Name: _____ Contact Person: _____
Address: _____ Phone: () _____ - _____
Nearest Cross Street: _____

APPLICANT/INSTALLING CONTRACTOR INFORMATION

Business Name: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ Title: _____
Phone: () _____ - _____ Fax: () _____ - _____ E-mail Address: _____

* San Jose City Business License Number: _____ Expiration Date: ____/____/____

* Worker's Compensation Number: _____ Expiration Date: ____/____/____

* State Contractors License Number and Type: _____ Expiration Date: ____/____/____

* If exempt, then contractor's information sheet must be submitted with application.

WORK PROPOSED (Select One)

- New Construction
- Tenant Improvement
- Demolition

TYPE OF PROJECT/SYSTEM (Select One)

- Overhead Sprinkler System
- Underground Piping System
- Fixed Extinguishing System
- Other _____
- Fire Alarm System
- Monitoring System
- Standpipe System
- Fire Pump
- Preaction Piping
- Suppression Detection

SYSTEM COMPONENTS

Device	Manufacturer	Model No.	State Fire Marshal Listing No.	Quantity
1				
2				
3				

Important Note:

- All components for every fire alarm and fire detection system shall be California State Fire Marshal listed and approved for the purpose for which they are installed.
- All components of every fire extinguishing system shall be UL or FM listed.
- Prior to the installation of any fire protection system in the City of San Jose, plans must be approved by the Fire Marshal and final inspection approving the system must be made before the system may be placed into service.
- This permit application or approved permit will expire after 180 days of inactivity.
- All fees as a result of this permit are the responsibility of the installing contractor.
- Call this office at least 72 hours in advance to schedule an inspection.

I declare under the penalty of perjury, under the laws of the State of California, that the foregoing is true and correct and that, to the best of my knowledge, the license(s) listed above are those required for the work to be performed and are in full force and effect, or if exempt, that the exemptions meet the requirements of the Contractor's State License Law as contained in the Business and Professions Code, Division 3, Chapter 9. If there is any change which would materially affect the above information, I will notify the Bureau of Fire Prevention.

APPLICANT'S NAME (Please Print)	TITLE (Please Print)	APPLICANT'S SIGNATURE	DATE
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FIRE DEPARTMENT USE:

Plans Dated: ____/____/____ Plans Approved By: _____ Date Plans Approved: ____/____/____

- Flush Approved By: _____ Date: ____/____/____ Inspector's Comments: _____
- Rough/Visual By: _____ Date: ____/____/____ _____
- Hydrostatic Approved By: _____ Date: ____/____/____ _____
- Main Drain Static: _____ Residual: _____
- Time to Alarm: _____ Seconds: _____
- Other: _____ Date: ____/____/____ _____
- FINAL Approved By: _____ Date: ____/____/____ _____