



Fire Protection and Special Systems Permit Application

San Jose Fire Department
Bureau of Fire Prevention
Four N. Second St., Ste. 1100
San Jose, CA 95113-1305
Phone: (408) 277-4656

PERMIT FEES MUST BE SUBMITTED WITH APPLICATION

Building Plan Check # _____ Permit #: _____

OBJECT/FACILITY LOCATION

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

APPLICANT/INSTALLING CONTRACTOR INFORMATION

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

* 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
 Fire Alarm System
 Monitoring System

Standpipe System
 Fire Pump
 Preaction Piping
 Suppression Detection
 Other _____

SYSTEM COMPONENTS

Device	Manufacturer	Model No.	State Fire Marshal Listing No.	Quantity
1				
2				
3				
4				
5				

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