



Glendale Fire Department - Fire Prevention Bureau
 633 E. Broadway, Suite 101, Glendale, CA 91206
 Phone (818) 548-3207 Fax (818) 548-3215
 www.glendalefire.org



APPLICATION FOR FIRE DEPARTMENT PERMIT

DATE: _____

TO THE FIRE CHIEF:

Application is hereby made by the undersigned for a permit as described below. All conditions surrounding this application to be in accordance with the Glendale Building & Safety Code. A fee must accompany this application unless exempt.

PROJECT / BUSINESS NAME:

PROJECT ADDRESS, SUITE #, CITY, AND ZIP
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CHECK ALL APPLICABLE BOXES	<input type="checkbox"/> New	<input type="checkbox"/> Alteration	<input type="checkbox"/> Removal
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PERMIT TYPE				
<input type="checkbox"/> General	<input type="checkbox"/> Covered Mall	<input type="checkbox"/> Sprinkler (comm./mfd)	<input type="checkbox"/> Sprinkler (sfd)	<input type="checkbox"/> Extinguishing System
<input type="checkbox"/> Alarm	<input type="checkbox"/> Haz Mat	<input type="checkbox"/> UST/AST	<input type="checkbox"/> Industrial Waste	<input type="checkbox"/> Other _____

APPLICANT TO COMPLETE PERMIT WORKSHEET (On reverse)

DESCRIPTION OF PROPOSED WORK:
For installation of fire protection systems, list each component type and quantity. Use of hazardous materials requires completion of the online California Environmental Reporting System (CERS).

APPLICANT: (Check all Applicable Boxes)			
<input type="checkbox"/> Property Owner/Business Owner	<input type="checkbox"/> Applicant	<input type="checkbox"/> Contractor <small>(Fill contractor's information below)</small>	<input type="checkbox"/> Non-Profit

NAME	MAILING ADDRESS	PHONE NO.
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E-MAIL ADDRESS

CALIFORNIA LICENSED CONTRACTOR'S DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

CONTRACTOR'S NAME	MAILING ADDRESS	PHONE NO.
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E-MAIL ADDRESS

LICENSE TYPE	LICENSE NUMBER
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Signature of Applicant _____ *Date* _____

STAFF USE ONLY

UL: <input type="checkbox"/> Yes <input type="checkbox"/> No	P.C. FEE
If yes provide the UL listing number (for Fire Alarm Only) _____	Y N
	Y N
Link to Permit No. _____	Y N
	Y N
OK TO SUBMIT BY: _____ DATE: _____	INSPECTION
ACCEPTED BY: _____ DATE: _____	Y N
RECEIPT NO.: _____	ARCHIVE FEE (PAGES)
OK TO ISSUE BY: _____ DATE: _____	Y N
ACCEPTED BY: _____ DATE: _____	SUPP. P.C. FEE
RECEIPT NO.: _____	Y N
BOX NO. _____	PERMIT FEE
ITEM NO. _____	Y N
PERMIT NO. _____	Y N
PERMIT EXPIRATION DATE: _____	

PERMIT WORKSHEET

Permit Type	Subtype			
	<input type="checkbox"/> Plan check	<input type="checkbox"/> Permit & Inspection	<input type="checkbox"/> Inspection only	<input type="checkbox"/> Express P/C
General	<input type="checkbox"/> Landscape / Fuel modification <input type="checkbox"/> Christmas tree /Pumpkin lot <input type="checkbox"/> Spray booth <input type="checkbox"/> Filming <input type="checkbox"/> Fireworks	<input type="checkbox"/> Tent/Canopy <input type="checkbox"/> Special effects / Pyrotechnics <input type="checkbox"/> Helicopter <input type="checkbox"/> Fire Road Access <input type="checkbox"/> Other _____	<input type="checkbox"/> Open flame/Candle <input type="checkbox"/> LFA Review for DSA/OSHPD <input type="checkbox"/> Campfire <input type="checkbox"/> Signage/Graphics	
Covered Mall	<input type="checkbox"/> Temporary barricade, display or kiosk		<input type="checkbox"/> Special event in a mall	
Fire Sprinkler (comm./mfd)	<input type="checkbox"/> Commercial _____ # of sprinkler heads	<input type="checkbox"/> Multi-Family Dwelling _____ # of risers	<input type="checkbox"/> Standpipe _____ # of inlets and outlets (FDC, Hose connections, etc.)	
	<input type="checkbox"/> Underground supply line		<input type="checkbox"/> Minor Alteration (Relocation, Replacement)	
Fire Sprinkler (sfd)	<input type="checkbox"/> 1 or 2 family dwelling		<input type="checkbox"/> 1 or 2 Family dwelling AND detached bldg. <input type="checkbox"/> Detached bldg. only (Guest house, garage, etc.)	
Fire Extinguishing System	<input type="checkbox"/> Commercial kitchen hood system <input type="checkbox"/> Complex Projects Only		<input type="checkbox"/> Special extinguishing system _____ # of nozzles _____ # of initiation devices	
Fire Alarm	<input type="checkbox"/> Minor Alteration (Relocation, Replacement) _____ # of devices	<input type="checkbox"/> AFS Monitoring System	<input type="checkbox"/> High rise, Mid-rise or Complex bldg.	
Hazmat	<input type="checkbox"/> Medical Gas <input type="checkbox"/> Low pressure tank or Pressure Vessel	<input type="checkbox"/> Other <input type="checkbox"/> Installation or Alteration of Equipment		
AST/UST	<input type="checkbox"/> New installation <input type="checkbox"/> Re-pipe (UST only) <input type="checkbox"/> First Tank <input type="checkbox"/> Site Remediation Proposal	<input type="checkbox"/> Removal <input type="checkbox"/> Temp/Permanent closure _____ Additional tanks <input type="checkbox"/> SPCC	<input type="checkbox"/> Installation or Alteration of Equipment <input type="checkbox"/> Testing (UST only) <input type="checkbox"/> < 1,000 gallons <input type="checkbox"/> > = 1,000 gallons	
Industrial Waste	<input type="checkbox"/> Initial permit application		<input type="checkbox"/> I W equipment (Add-on fee)	
Other	<input type="checkbox"/> Copying: # of pages _____ <input type="checkbox"/> Scanning: # of sheets _____ <input type="checkbox"/> Changes to permits	<input type="checkbox"/> Required and not otherwise listed - first hour <input type="checkbox"/> Required and not addressed in the code <input type="checkbox"/> Other than those listed @ staff hourly rate: \$ _____ <input type="checkbox"/> Fire Flow Report <input type="checkbox"/> Fire Flow Test		