



Glendale Fire Department Fire Prevention Bureau

633 E. Broadway • Suite 101 • Glendale • California 91206
(818) 548-3207 • FPBInfo@Glendaleca.gov



OCCUPANCY OPERATING PERMIT APPLICATION

TO THE FIRE CHIEF:

DATE:

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

PROJECT / BUSINESS NAME:		
PROJECT ADDRESS, SUITE #, CITY, AND ZIP		
CERTIFICATE OF OCCUPANCY SUBMITTED WITH APPLICATION (REQUIRED)	YES	NO
PERMIT TYPE (CHECK ALL THAT APPLY)		
<div style="display: flex; flex-wrap: wrap; padding: 5px;"><div style="width: 20%;"><input type="checkbox"/> Institution</div><div style="width: 20%;"><input type="checkbox"/> Education</div><div style="width: 20%;"><input type="checkbox"/> Residential Care Facility</div><div style="width: 20%;"><input type="checkbox"/> Covered Mall</div><div style="width: 20%;"><input type="checkbox"/> Day care Facility</div><div style="width: 20%;"><input type="checkbox"/> Low-Rise</div><div style="width: 20%;"><input type="checkbox"/> Mid-Rise</div><div style="width: 20%;"><input type="checkbox"/> High-Rise</div><div style="width: 20%;"><input type="checkbox"/> Place of Assembly</div><div style="width: 20%; text-align: center;">Hazmat</div></div>		
APPLICANT TO COMPLETE PERMIT WORKSHEET (On reverse)		
DESCRIPTION OF OCCUPANCY: (INCLUDE OCCUPANT LOAD)		
Property Owner/Business Owner		
NAME	E-MAIL ADDRESS	PHONE NO.
MAILING ADDRESS		
Signature of Applicant		Date

STAFF USE ONLY

OK TO SUBMIT	DATE:	ACCEPTED BY:	DATE:	RECEIPT NO:
CERTIFICATE OF OCCUPANCY #		OCCUPANCY CLASSIFICATION		

PERMIT WORKSHEET

CHECK ALL THAT APPLY:

PERMIT TYPE	SUBTYPE
INSTITUTION	<input type="checkbox"/> Permit to operate or maintain Acute Care Hospitals as I-2 occupancy with CCR Title 24; Includes periodic inspection. <i>(Examples of I-2: Hospital)</i> <input type="checkbox"/> Permit to Operate or maintain an institution classified as I-2 occupancy other than <i>Acute Care Hospital</i> , in accordance with CCR Title 24; Includes periodic inspection <i>(Examples of I-2: Skilled Nursing Facility, Nursing Home)</i> <input type="checkbox"/> Permit to operate or maintain Ambulatory Health Care Facilities. Ambulatory Health Care Facilities classified as I-2.1 occupancy in accordance with CCR Title 24; Includes periodic inspection <i>(Examples of I-2.1: Dialysis, Surgery Centers)</i>
RESIDENTIAL CARE FACILITY	<input type="checkbox"/> Permit to operate or maintain Boarding Homes (as defined by Title 22, CCR); includes periodic inspections. <input type="checkbox"/> Permit to operate or maintain a Care Facility classified as an R-2.1 Occupancy in accordance with CCR Title 24; includes periodic inspections.
DAY CARE FACILITY	<input type="checkbox"/> Permit to operate or maintain adult day care or child day care centers defined as I-4 occupancies in accordance with CCR Title 24; includes periodic inspections. <i>(Adult Day Care/Child Day Care)</i> <input type="checkbox"/> Permit to operate or maintain adult day care or child day care centers defined as E occupancies in accordance with CCR Title 24. (Annual inspections.)
EDUCATIONAL	<input type="checkbox"/> Permit to operate or maintain private schools (any number of person); includes annual inspection. GUSD Public Schools (any number of persons): Annual inspections.
COVERED MALL	<input type="checkbox"/> A single building enclosing a number of tenants and occupants such as retail stores, drinking and dining establishments...and other similar uses...to include provision outlined in (CBC 402)
LOW-RISE	<input type="checkbox"/> Permit to operate and maintain Low-Rise buildings; Includes annual inspection. <i>(4 Floors to 55')</i>
MID-RISE	<input type="checkbox"/> Permit to operate and maintain Mid-Rise buildings; includes annual inspection. <i>(55'-High-Rise)</i>
HIGH-RISE	<input type="checkbox"/> Permit to maintain or operate a high rise building in accordance with the health and Safety Code; includes annual inspection and one re-inspection. <i>(75' above the lowest accessible level)</i>
ASSEMBLY	<input type="checkbox"/> Permit to operate or maintain an A-1 occupancy as defined by CCR Title 24; includes periodic inspection. <i>(Examples of A-1: Symphony and Concert halls, Television and Radio Studios Admitting an audience)</i> <input type="checkbox"/> Permit to operate or maintain an A-2 occupancy as defined by CCR Title 24; includes periodic inspection. <i>(Examples of A-2: Banquet Halls, Casinos (Gaming areas) Nightclubs, Restaurant)</i> <input type="checkbox"/> Permit to operate or maintain an A-3 occupancy as defined by CCR Title 24; includes periodic inspection. <i>(Examples of A-3: Libraries, Places of worship, Gymnasiums and Dance halls (Not including food)</i> <input type="checkbox"/> Permit to operate or maintain an A-4 occupancy as defined by CCR Title 24; includes periodic inspection. <i>(Examples of A-4: Arenas, Indoor Swimming pools w/Spectator Seating)</i> <input type="checkbox"/> Permit to operate or maintain an A-5 occupancy as defined by CCR Title 24; includes periodic inspection. <i>(Examples of A-5: Amusement park structures, Bleachers, Grandstands, Stadiums)</i> <input type="checkbox"/> Permit to operate or maintain for occupant load greater than 300 persons and not otherwise specified; includes periodic Inspections.