



CITY OF TEMECULA
 FIRE PREVENTION BUREAU
Fire Permit Application

PROJECT/JOB INFORMATION

Project Title/Job Name:		
Project Address:	Building #:	Suite #:

PERMIT INFORMATION

Specific Work Description: (Examples: Complete TI of suite, Phase 1 work, Revision to UG moving FDC location)

SUBMITTAL TYPE (PLEASE SELECT ONLY ONE)

Fire Sprinkler System: <input type="checkbox"/> New System <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Residential Sprinkler Head Count (Total number being added, removed or altered): New System: <input type="checkbox"/> 1-100 <input type="checkbox"/> 101-300 <input type="checkbox"/> 300-700 <input type="checkbox"/> 701+ T.I.: <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101+	Fire Alarm System: <input type="checkbox"/> New System <input type="checkbox"/> Tenant Improvement Number of Devices (Total number being added, removed or altered): <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101+
Underground Water: <input type="checkbox"/> Sprinkler only <input type="checkbox"/> Hydrants only <input type="checkbox"/> Combo System	Other: <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> High Piled Storage <input type="checkbox"/> Hood Suppression <input type="checkbox"/> Other _____

APPLICANT INFORMATION

State Contractor License Number:	Expiration Date: _____ / _____ / _____	City Business License Number:	Expiration Date: _____ / _____ / _____
Applicant Business Name:	Office Phone #:	Fax #:	
Business Address:	City, State:	Zip:	
Designer/Engineer Contact (First and Last):	Phone #:	Fax #:	
Plans Contact Name (First and Last):	Phone #:	Email Address:	

Requirements and Notes to the Applicant:

1. FIRE FEES INCLUDE: Plan check, inspection, and permit job card.
2. EXPIRATION OF PERMITS: This permit shall expire and become null and void if approved plans are not obtained within 180 days from the date of first submittal.
3. INSPECTION REQUESTS: As required by the California Fire Code the appropriate installing contractor shall schedule the necessary inspections and be present on site for inspections. 48 hours notice is requested. Inspections are made subject to availability. *It is the responsibility of the Applicant to have the permit number available when scheduling inspections.*
4. REINSPECTION FEE: May be charged against a permit when an inspection has failed, is not ready, the responsible party not on site or where previously noted corrections have not been completed.
5. APPROVED PLANS: Upon approval, plans shall be kept on the job site at all times that work is in progress. Work shall not begin or commence without approved plans.
6. SPECIAL OR OVERTIME INSPECTIONS: The Fire Marshal or Designee **MUST** approve arrangements *in advance* and is subject to the availability of personnel. Additional fees will be required & must be paid prior to the inspection.
7. REVISIONS/AS-BUILTS: A Supplemental plan review fee will be charged upon receiving revised plans. This fee will be collected upon submittal for the first hour or review. Each additional half hour (or portion thereof) of plan review thereafter, will be collected upon issuance of approved revised plans.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

*****This area for office use only*****

Fire Permit No:	Applied Date:	Project/LDC Permit No:
Building Permit No:	Planning Application No:	Fire Annual Permit No: