CITY OF PLEASANTON
COMMUNITY DEVELOPMENT SERVICES DEPARTMENT

(FIRE PROTECTION SYSTEM PERMIT APPLICATION)

INCOMPLETE PERMIT WILL NOT BE ACCEPTED

PROPERTY OWNER NAME :		ADDRESS: (INCLUDE STATE & ZIP CODE)		PHONE:
CONTRACTOR BUSINESS NAME:		ADDRESS: (INCLUDE STATE & ZIP CODE)		PHONE:
CONTACT PERSON:		EMAIL:		PHONE:
SCR/ACR LIC #		EXP. DATE:	JOB ADDRESS:	
LOT #	BLOCK #	TRACT / SUBDIVISION:		PROPERTY ID #

OCCUPANCY TYPE: ❑ COMMERCIAL ❑ INDUSTRIAL ❑ INSTITUTION ❑ RESIDENTIAL ❑ OTHER_____

NATURE OF WORK: ❑ NEW ❑ ADDITION ❑ ALTERATION ❑ REMOVAL ❑ REPAIR ❑ OTHER _____

TYPE OF WORK : ❑ FIRE ALARM ❑ SPRINKLER ❑ VENT HOOD SUPPRESSION ❑ OTHER _____

WRITTEN DESCRIPTION OF WORK:

NOTICE

THIS PERMIT BECOMES NULL AND VOIDED IF CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

I hereby certify that I have read and examined this application and know the same to be true and correct.
All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.
I also understand that the issuance of such permit may require periodic inspection, and that such inspections may not be announced.

_____ PROPERTY OWNER (PRINT NAME) DATE	_____ CONTRACTOR (PRINT NAME) DATE
_____ PROPERTY OWNER (SIGNATURE) DATE	_____ CONTRACTOR (SIGNATURE) DATE

NOTES:

ACCEPTED BY:	DATE:	VALUATION OF PROJECT	$
APPROVED BY:	DATE:	PERMIT	$
ISSUED BY:	DATE:	PLAN REVIEW	$
		ADMINISTRATION FEE	$
		TECHNOLOGY 1 %	$
		_____ OTHER	$
		_____OTHER	$
		TOTAL FEES:	

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