



# FIRE DEPARTMENT SANTA CLARA COUNTY

14700 Winchester Blvd., Los Gatos, CA. 95032-1818  
(408) 378-4010 • (408) 378-9342 (fax) • www.sccfd.org



Internationally Accredited  
Agency

## PERMIT APPLICATION FOR THE INSTALLATION OR MODIFICATION OF FIRE PROTECTION SYSTEMS

**PERMIT LOCATION:** (all information must be legible)

ESTABLISHMENT NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ SUITE/BLDG.# \_\_\_\_\_

**BUILDING PERMIT NUMBER ASSOCIATED WITH THIS WORK** \_\_\_\_\_

**INSTALLING CONTRACTORS INFORMATION:** (all information must be legible)

COMPANY NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

LICENSE CLASSIFICATION: A  C-7  C-10  C-16  C-34  C-36  LICENSE NO.: \_\_\_\_\_

**Scope of Work** (Check all boxes that apply)

<input type="checkbox"/> Fire Hydrant(s) Qty: _____	<input type="checkbox"/> Fire Service Underground (NFPA 24)
<input type="checkbox"/> Fire Sprinkler(s): <input type="checkbox"/> New <input type="checkbox"/> Modify Design Stds.:	<input type="checkbox"/> 13 <input type="checkbox"/> 13R <input type="checkbox"/> 13D No. of Sprinklers _____
<input type="checkbox"/> Alternate Fire Suppression: <input type="checkbox"/> FM-200 <input type="checkbox"/> Halon <input type="checkbox"/> CO <sub>2</sub> <input type="checkbox"/> Dry Chemical <input type="checkbox"/> Other _____	
<input type="checkbox"/> Installation of Monitoring Equipment <input type="checkbox"/> Fire Alarm/Detection System: <input type="checkbox"/> New <input type="checkbox"/> Modify No. of Devices _____	

Contract Price For Work: \$ \_\_\_\_\_ Permit/Plan Check Fee \$ \_\_\_\_\_

### WORKER'S COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

- I have and will maintain a Certificate of Consent to self-insure for Worker's Compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which the permit is issued.
- I have and will maintain a Certificate of Consent to self-insure for Worker's Compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which the permit is issued. My Worker's Compensation Insurance carrier and Policy number are:

Carrier \_\_\_\_\_ Policy No.: \_\_\_\_\_

### CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE

(This section need not be completed if the permit is for one-hundred dollars (\$100.00) or less.)

- I certify that in the performance of the work, for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation Laws of California.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Worker's Compensation provision's of the Labor Code, you must forthwith comply with such provisions or this permit will be deemed revoked.

**ONE TIME PERMIT:** Submit a maximum of three (3) sets of completed plans, to include workers compensation insurance certificate and business license for the city you are working in; one (1) set of hydraulic calculations, seismic bracing load calculations, specifications, and cut sheets (special arrangements may be made in advance if more than two (2) stamped sets are to be returned). Provide a separate completed application along with the appropriate fees for each address. Plans will not be accepted without full payment of fees. **Contact the Fire Prevention Secretary for the proper fee amount.** Checks shall be made payable to the "Santa Clara COUNTY FIRE DEPARTMENT". Target plan review turnaround time is ten (10) working days however; unusual circumstances may dictate a longer turnaround time. A completed permit application is required for all types of work. Fire sprinkler work on existing systems, which involve fifteen (15) heads, or less may not require plans. Plans will be returned via the most economical means, or may be picked up by prior arrangement.

I certify that I have read this application and state that the above information is true and correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of SCCFD to enter upon the above mentioned property for inspection purposes.

(We) agree to save, indemnify and keep harmless the Santa Clara County Fire Department against liabilities, judgments, costs and expenses that may in any way accrue against said department in consequence of the granting of this permit.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Fire Protection System App./DM:dh 9-14-11

Organized as the Santa Clara County Central Fire Protection District

Serving Santa Clara County and the communities of Campbell, Cupertino, Los Altos,  
Los Altos Hills, Los Gatos, Monte Sereno, Morgan Hill, and Saratoga