



FIRE DEPARTMENT SANTA CLARA COUNTY

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

PERMITTED OCCUPANCY APPLICATION

PERMIT LOCATION

 NEW EXISTING

Applicant's Name _____
Establishment Name _____ Telephone No.: _____
Street Address _____ Suite # _____ City _____
Billing Contact _____ Telephone No.: _____
Billing Address _____ Suite # _____
City _____ State _____ Zip _____

TYPE OF PERMIT

PUBLIC ASSEMBLY; A building or portion of a building having an assembly room with an occupant load of:

- | | |
|---|---|
| <input type="checkbox"/> 1,000 or more and a legitimate stage | <input type="checkbox"/> 300 or more without a legitimate stage |
| <input type="checkbox"/> 1,000 or less and a legitimate stage | <input type="checkbox"/> 300 or less without a legitimate stage |

RESIDENTIALLY-BASED FACILITIES

- | | | |
|---|--|--|
| <input type="checkbox"/> Adult Residential | <input type="checkbox"/> Small Family Homes | <input type="checkbox"/> Social Rehabilitation |
| <input type="checkbox"/> Congregate Living Health | <input type="checkbox"/> Group Homes | <input type="checkbox"/> Foster Family Home |
| <input type="checkbox"/> Community Treatment | <input type="checkbox"/> Nursing Homes | <input type="checkbox"/> Residential for the Elderly |
| <input type="checkbox"/> Congregate Living-Chronically Ill | <input type="checkbox"/> Res. Living-Chronically Ill | |
| <input type="checkbox"/> Intermediate Care-Developmentally Disable Habilitative | | |
| <input type="checkbox"/> Intermediate Care-Developmentally Disable Nursing | | |
| <input type="checkbox"/> More than 6 nonambulatory clients | <input type="checkbox"/> 6 or less nonambulatory clients | |
| <input type="checkbox"/> More than 6 ambulatory clients | <input type="checkbox"/> 6 or less ambulatory clients | |

INSTITUTIONAL

- | | |
|--|--|
| <input type="checkbox"/> Hospital | |
| <input type="checkbox"/> Nursing Homes or Homes where medical care is provided | |
| <input type="checkbox"/> Health-Care Center for ambulatory outpatient medical care | |
| <input type="checkbox"/> Nurseries for full-time care of children under the age of six | |
| <input type="checkbox"/> More than 6 nonambulatory clients | <input type="checkbox"/> 6 or less nonambulatory clients |
| <input type="checkbox"/> More than 6 ambulatory clients | <input type="checkbox"/> 6 or less ambulatory clients |

DAY CARE

- | | | |
|---|--|--|
| <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Family Day Care | <input type="checkbox"/> Adult Day Support |
| <input type="checkbox"/> Day Care Centers | <input type="checkbox"/> Infant Care Centers | <input type="checkbox"/> School-Age Child Care |
| <input type="checkbox"/> Day Care Centers for Mildly Ill Children | | |
| <input type="checkbox"/> Nonresidential building for more than 6 children/persons | | |
| <input type="checkbox"/> Residential building for more than 12 children/persons | | |
| <input type="checkbox"/> Residential building used for 7 to 12 children/persons | | |

Applicant's Signature _____ Date _____