



# FIRE DEPARTMENT SANTA CLARA COUNTY

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

## PERMIT APPLICATION

**PROJECT INFORMATION:**  Voluntary  N/A

BLD Permit #: \_\_\_\_\_ Project ID#: \_\_\_\_\_  
(Los Altos only)

Description of proposed work: \_\_\_\_\_

Facility or Project Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**INSTALLING CONTRACTOR / DESIGN PROFESSIONAL:**

Company Name: \_\_\_\_\_ Business License #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Point of Contact: \_\_\_\_\_ Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

License Classification: A  C-7  C-10  C-16  C-34  C-36  License #: \_\_\_\_\_

**SCOPE OF WORK:**  Installation  Demo

Fire Sprinkler  New  Modified  13  13R  13D # of Heads: \_\_\_\_\_

Fire Alarm  New  Modified  Monitoring Equipment # of Devices: \_\_\_\_\_

Hood & Duct  Fire Service Underground  Fire Hydrant  Two Way Comm.  EWAS

ERRCS  Alternate Fire Suppression  Clean Agent  Dry Chemical  Other

Hazmat – Material(s) to be stored on site: Type \_\_\_\_\_ Qty.: \_\_\_\_\_  
Type \_\_\_\_\_ Qty.: \_\_\_\_\_

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

**WORKERS COMPENSATION DECLARATION:**

I hereby affirm under penalty of perjury one of the following declarations (**pick one**):

Not Applicable

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.

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 and Policy number are:

Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Applicant's Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

I certify that I have read this application and state that the above information is true and correct. (We) agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of Santa Clara County Fire Department 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 granting this permit.

Applicant's Name (print): \_\_\_\_\_

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