



SANTA CLARA COUNTY FIRE DEPARTMENT

1315 Dell Avenue, Campbell, CA 95008 | (408) 378-4010 | SCCFD.org

Fire Protection System Permit Application

PROJECT INFORMATION:

Voluntary

N/A

BLD Permit #: _____ Project ID #: _____

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 #: _____

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: _____

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 of 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): _____

Signature: _____ Date: _____

