



SANTA CLARA COUNTY FIRE DEPARTMENT

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

OCCUPANCY PERMIT APPLICATION

Email Application to: prevention@sccfd.org

PERMIT LOCATION

NEW

EXISTING

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

- | | |
|--------------------------------------|--|
| 1,000 or more and a legitimate stage | 300 or more without a legitimate stage |
| 1,000 or less and a legitimate stage | 300 or less without a legitimate stage |

RESIDENTIALLY-BASED FACILITIES:

- | | | |
|--|--------------------|-----------------------------|
| Adult Residential | Small Family Homes | Social Rehabilitation |
| Congregate Living Health | Group Homes | Foster Family Home |
| Community Treatment | Nursing Homes | Residential for the Elderly |
| Congregate Living-Chronically Ill | | Res. Living-Chronically Ill |
| Intermediate Care-Developmentally Disable Habilitative | | |
| Intermediate Care-Developmentally Disable Nursing | | |

- | | |
|------------------------------------|----------------------------------|
| More than 6 non-ambulatory clients | 6 or less non-ambulatory clients |
| More than 6 ambulatory clients | 6 or less ambulatory clients |

INSTITUTIONAL

- Hospital
- Nursing Homes or Homes where medical care is provided
- Health-Care Center for ambulatory outpatient medical care
- Nurseries for full-time care of children under the age of six

- | | |
|------------------------------------|----------------------------------|
| More than 6 non-ambulatory clients | 6 or less non-ambulatory clients |
| More than 6 ambulatory clients | 6 or less ambulatory clients |

DAY CARE

- | | | |
|--|---------------------|-----------------------|
| Adult Day Care | Family Day Care | Adult Day Support |
| Day Care Centers | Infant Care Centers | School-Age Child Care |
| Day Care Centers for Mildly Ill Children | | |

- | | |
|------------------------------------|----------------------------------|
| More than 6 non-ambulatory clients | 6 or less non-ambulatory clients |
| More than 6 ambulatory clients | 6 or less ambulatory clients |

Applicant's Signature _____ Date _____