



PALO ALTO FIRE DEPARTMENT

BUREAU of FIRE PREVENTION

250 HAMILTON AVENUE
PALO ALTO CALIFORNIA 94301

APPLICATION & PERMIT

ID NUMBER

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PERMIT NUMBER

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Application received: _____ Date _____ By _____

Property information

Job address (street #, build #, letter, etc.) _____

Business Name _____

Bus. Responsible/Gen. Contractor/Architect

Name: _____

Address: _____

Telephone: (_____) _____ - _____

Contractor Information

Name of Firm _____

I certify that I am a licensed contractor and that my license is in full force and effect. (signature) _____

Date _____ license Number _____ Class _____

I certify that I have a certificate to self insure, or a Certificate of Worker's Compensation Insurance, or a certified copy thereof:

Policy No. _____ Company _____

_____ Certified copy is hereby furnished

_____ Certified copy is filed with the Division of Inspection Service, City of Palo Alto.

In accordance with the referenced sections of the Palo Alto Municipal Code, Title 15, Fire Prevention and/or Title 17, Hazardous Materials Storage, the permit/s listed below is/are required in order to commence or continue the described activities within the City of Palo Alto.

CODE	PERMIT	PERMIT DESCRIPTION	APPROVAL DATE	BY	FEE
CFC 105.8 F6	()	<u>Automatic Fire Sprinkler Systems:</u> install _____, modify _____, no. sprinklers _____	_____	_____	_____
CFC 105.8 F9	()	<u>Standpipe Systems:</u> Class I _____:install _____, modify _____ Class II _____:install _____, modify _____ Class III _____:install _____, modify _____	_____	_____	_____
CFC 105.8 F7	()	<u>Special Protection Systems:</u> install _____, modify _____, type system _____ Type actuation device/s _____, No. nozzles _____	_____	_____	_____
CFC 105.8 F10	()	<u>On-site Hydrants and Fire Service Lines:</u> install _____, modify _____, No. hydrants _____	_____	_____	_____
CFC 105.8 F8	()	<u>Fire Alarm Systems:</u> install _____, modify _____, local only _____ proprietary _____, auxiliary _____, central station _____ no. heat detectors _____, no. smoke or product combustion detectors _____, no. manual stations _____, no. water flow _____, no. horns _____, no strobes _____, other _____	_____	_____	_____
PAMC 15.04.083	()	<u>Other Permits (Specify)</u> _____ Date from _____, Date to _____,	_____	_____	_____
CFC 105.8 C7	()	<u>Fixed Compressed Gasses Systems:</u> Flammable Gasses: install _____, modify _____	_____	_____	_____
	B ()	Non-Flammable Gasses: install _____, modify _____	_____	_____	_____
	C ()	Medical Gasses: install _____, modify _____	_____	_____	_____
CFC 105.8 F3	()	<u>Flammable/Combustible Liquids Storage Facility:</u> install _____, modify _____, no. tanks _____	_____	_____	_____
	H ()	remove _____, place out of service _____, no. tanks _____	_____	_____	_____
CFC 105.8 I1	()	<u>Liquefied Petroleum Gas Storage Facility:</u> install _____, modify _____: no. containers _____	_____	_____	_____
CFC 105.8 M1	()	<u>Hazardous Materials Storage Facilities: additional approvals</u> install _____, construct _____, temporary closure _____ permanent closure _____, otherwise modify _____	_____	_____	_____

PAY UPON PICKUP

TOTAL _____