



PALO ALTO FIRE DEPARTMENT
FIRE PREVENTION BUREAU
 285 Hamilton Avenue
 Palo Alto, CA 94301
 (650)329-2981

	PERMIT#
RECEIVED DATE:	RECEIVED BY:

FIRE DEPARTMENT PERMIT APPLICATION

PLEASE PRINT CLEARLY

PROJECT ADDRESS:		
CONTRACTOR <input type="checkbox"/> DESIGNER/ENGINEER <input type="checkbox"/>		TENANT INFO (IF APPLICABLE)
PRIMARY CONTACT:		BUSINESS NAME:
COMPANY:	LICENSE#:	BUILDING/FLOOR/SUITE #:
ADDRESS:		PRIMARY CONTACT:
PHONE:	EMAIL:	PHONE: EMAIL:
___ I certify that I have a certificate to self-insure, or a Certificate of Worker's Compensation Insurance, or a certified copy thereof.	Policy #: _____ Company: _____	Date: _____ Signature: _____

PLEASE CHECK APPLICABLE BOX

FIRE SPRINKLER HARD PIPE <input type="checkbox"/> FLEX <input type="checkbox"/> CPVC <input type="checkbox"/> <input type="checkbox"/>	FIRE ALARM <input type="checkbox"/>
HYDRANT/UGFS <input type="checkbox"/>	ERRCS <input type="checkbox"/>
SPECIAL HAZARD FIRE PROTECTION SYSTEM <input type="checkbox"/>	TWO WAY CALL BOX <input type="checkbox"/>
HAZMAT <input type="checkbox"/>	OTHER: _____

NEW: <input type="checkbox"/>	MODIFICATION: <input type="checkbox"/>
TOTAL # HEADS/DEVICES: _____	OCCUPANCY GROUP: _____
PROJECT DESCRIPTION:	
NOTES:	