SCOTTS VALLEY
FIRE PROTECTION DISTRICT

7 Erba Lane, Scotts Valley, California 95066 (831) 438-0211 Fax (831) 438-0383

PERMIT APPLICATION – DEFERRED SUBMITTALS

Date: _____ APN: _____

Address of Installation: _____

Contractor: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

License Class: _____ License #: _____

Permit For: New ☐ Addition ☐ Modification ☐

☐ Sprinkler System: Overhead ☐ Underground ☐

*Must include manufactures' cut sheet for all Overhead sprinkler plans.

☐ Fire Alarm System: Central Station _____

Remote Station _____

*Must include manufactures' cut sheet and CSFM Listing & Monitoring Contract

☐ Fixed Fire System:

*Must include manufactures' cut sheet and CSFM Listing

☐ Other: _____

Licensed Contractor's Declaration

I hereby affirm that I am licensed under applicable provisions of the California Business and Professions Code and my license is in full force and effect.

Applicant: _____

Worker's Compensation Insurance Certification on File? Yes ☐ No ☐

Sub-Contractor

If you plan to utilize a sub-contractor as part of this permit, please include the following:

Contractor: _____ Phone: _____

Address: _____ City: _____ Zip: _____

License Class: _____ License #: _____

I hereby affirm that I am licensed under applicable provisions of the California Business and Professions Code And my license is in full force and effect.

Worker's Compensation Insurance Certification on File? Yes ☐ No ☐

I certify that I have read this application and state that the above information is correct. I agree to comply with all district and county ordinances, district, county and state laws regulating to building construction, fire and life safety requirements and hereby authorize representatives of the District to enter upon the above mentioned property for inspection purposes.

APPLICANT OR AGENT _____ Date _____

FOR OFFICE USE ONLY

APPROVED FOR ISSUANCE:

PERMIT #: _____ FEE: _____ DATE: _____ INITIALS: _____