



# SCOTTS VALLEY FIRE PROTECTION DISTRICT

7 Erba Lane, Scotts Valley, CA 95066-4199 • scottsvalleyfire.com • 831-438-0211

## FIRE PROTECTION SYSTEM PERMIT APPLICATION

DATE: \_\_\_\_\_ APN: \_\_\_\_\_

ADDRESS OF INSTALLATION: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

LICENSE CLASS: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

PERMIT FOR:      **NEW**       **ADDITION**       **MODIFICATION**

- **SPRINKLER SYSTEM**       OVERHEAD       UNDERGROUND      # of Heads: \_\_\_\_\_

**\*Must include manufacturers' cut sheet & available pressure on water district letterhead (if public water) for all Overhead sprinkler plans.**

- **FIRE ALARM SYSTEM**       CENTRAL STATION \_\_\_\_\_

# of Devices: \_\_\_\_\_       REMOTE STATION \_\_\_\_\_

**\*Must include manufacturers' cut sheet, CSFM Listings & Monitoring Contract.**

- **FIXED FIRE SYSTEM**

**\*Must include manufacturers' cut sheet and CSFM Listings.**

- **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/AGENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Worker's Compensation Insurance Certification on file? Yes  No