



CITY OF TEMECULA FIRE PREVENTION BUREAU

Fire Permit Application

AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED

PROJECT/JOB INFORMATION			
Project Title/Job Name:			
Project Address:		Building #:	Suite #:
PERMIT INFORMATION			
Specific Work Description: (Examples: Complete TI of suite, Phase 1 work, Revision to UG moving FDC location)			
SUBMITTAL TYPE (PLEASE SELECT ONLY ONE)			
Fire Sprinkler System: <input type="checkbox"/> New System <input type="checkbox"/> Spklr TI <input type="checkbox"/> Residential <i>Sprinkler Head Count</i> (Total number being added, removed or altered): New System: <input type="checkbox"/> 1-100 <input type="checkbox"/> 101-300 <input type="checkbox"/> 300-700 <input type="checkbox"/> 701+ T.I.: <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101+		Fire Alarm System: <input type="checkbox"/> New System <input type="checkbox"/> Tenant Improvement <i>Number of Devices</i> (Total number being added, removed or altered): <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101+	
Underground Water: <input type="checkbox"/> Sprinkler only <input type="checkbox"/> Hydrants only <input type="checkbox"/> Combo System		Other: <input type="checkbox"/> Hood <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> High Pile Storage <input type="checkbox"/> Other (please specify) _____	
APPLICANT INFORMATION			
State Contractor License Number:		Expiration Date: _____ / _____ / _____	
City Business License Number:		Expiration Date: _____ / _____ / _____	
Applicant Business Name:		Office Phone #:	Fax #:
Business Address:		City, State:	Zip:
Designer/Engineer Contact (First and Last):		Phone #:	Fax #:
Plans Contact Name (First and Last):		Phone #:	Email Address (Optional):

Requirements and Notes to the Applicant:

1. FIRE FEES INCLUDE: Plan check, inspection, and job card.
2. EXPIRATION OF PERMITS: This permit shall expire and become null and void if approved plans are not obtained within 180 days from the date of first submittal.
3. INSPECTION REQUESTS: As required by the California Fire Code the appropriate installing contractor shall schedule the necessary inspections and be present on site for inspections.
4. INSPECTION REQUESTS: 48 hours notice is requested. Inspections are made subject to availability. **It is the responsibility of the Applicant to have the permit number available when scheduling inspections.**
5. REINSPECTION FEE: May be charged against a permit when an inspection has failed, is not ready, the responsible party not on site or where previously noted corrections have not been completed.
6. APPROVED PLANS: Upon approval, plans shall be kept on the job site at all times that work is in progress. Work shall not begin or commence without approved plans.
7. SPECIAL OR OVERTIME INSPECTIONS: The Fire Marshal or Designee **MUST** approve arrangements **in advance** and is subject to the availability of personnel. Additional fees will be required & must be paid prior to the inspection.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

**** This area for office use only ****

Fire Permit No:	Applied Date:	Project/LDC Permit No:
Building Permit No:	Planning Application No:	Fire Annual Permit No: