**FIRE PERMIT # _____**

## Alameda County Fire Department Fire Prevention

# FIRE PROTECTION SYSTEM

## APPLICATION and PERMIT (Modification/Installation)

Job Name: _____ Date: _____

Job Address: _____ City: _____

Building Use or Occupancy Classification: _____

***INSTALLING CONTRACTOR INFO: ATTACH A COPY OF WORKER'S COMP & BUSINESS LICENSE***

Company Name: _____ License Type/Number _____

Address/City/State/Zip: _____ Email _____

Contact Person: _____ Phone #: _____ FAX #: _____

Email Address: _____

***ATTACH CUT,UL, FM, AND/OR SFM LISTING SHEETS FOR ALL COMPONENTS YOU ARE INSTALLING***

☐ New System ☐ Tenant Improvement ☐ Addition ☐ Repair

Underground: ☐ NFPA 24 ☐ NFPA 1142 ☐ # of Hydrants:_____

Fire Sprinklers: ☐ # of Heads: _____ NFPA Standard: 13 ☐ 13R ☐ 13D ☐

Fire Alarm: ☐ # of Devices:_____ ERRCS/BDAS: ☐

Alternative Fire Suppression: FM200 ☐ Halon ☐ Hood & Duct ☐ Vesda ☐ Other _____

**WORKER'S COMPENSATION DECLARATION**

I hereby affirm under penalty of perjury one of the following declarations:

☐ I have and will maintain a Certificate of Consent to self-insure for Worker's Compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which the permit is issued.

☐ I have and will maintain a Certificate of Consent to self-insure for Worker's Compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which the permit is issued. My Worker's Compensation Insurance carrier and Policy number are:

Carrier:_____ Policy No.: _____

**CERTIFICATE OF EXEMPTION FROM WORKER'S COMPANSATION INSURANCE**

(This section need not be completed if the permit is for one-hundred dollars ($100.00) or less.)

☐ I certify that in the performance of the work, for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation Laws of California.

Applicants Signature _____ Date _____

NOTE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Worker's Compensation provision's of the Labor Code, you must forthwith comply with such provisions or this permit will be deemed revoked.

ONE TIME PERMIT: Submit a maximum of (3) sets of completed plans (4) sets in San Leandro, worker's compensation insurance certificate and business license for the city you are working in; one (1) set of hydraulic calculations, seismic bracing load calculation, specifications, and cut sheets. Provide a separate completed application along with the appropriate fees for each address. Target plan review turnaround time is 14 working days however; unusual circumstances may dictate a longer turnaround time. A completed permit application is required for **all** types of work.

I certify that I have read this application and state that the above information is true and correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representatives of ACFD to enter upon the above mentioned property for inspection purposes.

(We) agree to save, indemnify and keep harmless the Alameda County Fire Department against liabilities, judgments, costs and expenses that may in any way accrue against said department in consequence of the granting of this permit.

Applicant's Signature_____ Date_____

## - Fire Department Office Use Only -

***APPROVALS:***

| | | |
|---|---|---|
| Revisions Required:_____ | Revisions Required:_____ | Revisions Required:_____ |
| Contact Notified: _____ | Contact Notified: _____ | Contact Notified: _____ |
| Approved By: _____ | Approval Date: _____ | Applicant Notified: _____ |

| | | |
|---|---|---|
| ***FEES DUE:*** _____ | **Date Paid:** _____ | **Comments:** _____ |

| | |
|---|---|
| Plans Received: _____ Date Due: _____ | Plans Received: _____ Date Due: _____ |
| Plans Received: _____ Date Due: _____ | Plans Received: _____ Date Due: _____ |

***SYSTEM INSPECTION TEST RECORD:***

**Underground:**

Pre-Pour: _____ By:_____ Hydro:_____ By:_____

Flow Test & Flush: _____ By:_____ System Final:_____ By:_____

Comments:_____

**Sprinklers:**

Weld Inspections:_____ By:_____; _____ By:_____

Weld Inspections:_____ By:_____; _____ By:_____

Overhead Hydro:_____ By:_____; Overhead Hydro.:_____ By:_____

Overhead Hydro:_____ By:_____; Overhead Hydro.:_____ By:_____

Overhead Insp:_____ By:_____; Overhead Insp.:_____ By:_____

Overhead Insp:_____ By:_____; Overhead Insp.:_____ By:_____

System Final:_____; By:_____

Comments:_____

**Fire Alarm System:**

Functional Test:_____ By:_____; Wire Integrity Test:_____ By:_____

System Final:_____; By:_____

Comments:_____

**Alternative Fire Suppression:**

Piping Pressure Test:_____ By:_____; Functional/Puff Test(s)*_____ By:_____

Concentration/Door Fan Test:_____ By:_____ System Final:_____ By:_____

*☐ Monitoring ☐ FA Interconnection ☐ Shut-Down ☐ Activation Components ☐ Alarm/Detection Components ☐ Piping Obstruction/Balloon

Comments:_____