



# APPLICATION FOR FIRE PROTECTION CONDITIONS

## ONE AND TWO FAMILY DWELLINGS AND MANUFACTURED HOMES

### San Bernardino County Fire Protection District Community Safety Division

**San Bernardino Office**

620 South 'E' Street  
San Bernardino, CA 92415-0179  
Phone (909) 386-8465  
Fax (909) 386-8460  
Hours: 8:00 am to 5:00 pm M - F

**North Desert Office**

15900 Smoke Tree St., Ste 131  
Hesperia, CA 92345-3222  
Phone (760) 995-8190  
Fax (760) 995-8205  
Hours: 8:00 am to 5:00 pm M - F

**Lake Arrowhead Office**

301 State Hwy. 173, P.O. Box 130  
Lake Arrowhead, CA 92352  
Phone (909) 337-8586  
Fax (909) 336-3182  
Hours: 9:00 am to 12:00 pm Tues.

**South Desert Office**

6942 Airway Ave., Suite. C  
Yucca Valley, Ca 92284  
Phone (760) 369-7005  
Fax (760) 369-7011  
Hours: 8:30 am to 10:30 Wed.

WEBSITE: [www.sbcfire.org](http://www.sbcfire.org)

#### APPLICATION TYPE

| APPLICATION                           | REQUIREMENTS  | FEE      |
|---------------------------------------|---|----------|
| INITIAL APPLICATION                   | Minimum of an 8 ½" X 11" legible plot plan showing setbacks, existing and proposed construction, distances between structures, accurate scale or dimensions, location and grade of driveways, locations of hydrants as well as the number of outlets and distance from hydrant to edge of driveway at the street, adjoining streets, etc. as well as a Fire Flow Report. A San Bernardino County Building & Safety 201A Form must also be submitted for projects within the unincorporated areas of the County. | \$244.00 |
| REVISION TO EXISTING CONDITION LETTER | Same as above clearly indicating any changes to the previous submittal. The File Number for the existing Fire Condition Letter must be on the plot plan as well as the date the new plot plan is submitted.   | \$180.00 |
| TIME EXTENSION                        | Written justification demonstrating the reason an extension of time should be granted.  | \$64.00  |

A CHECK OR MONEY ORDER FOR THE FULL FEE MUST BE INCLUDED WITH EACH APPLICATION. MAKE CHECKS/M.O. PAYABLE TO SBCFD. FEES CANNOT BE REFUNDED ONCE THIS APPLICATION IS SUBMITTED.

#### APPLICANT INFORMATION

FIRE CONDITIONS APPLICATIONS MUST BE SIGNED BY THE PROPERTY OWNER ONLY. CONDITIONS WILL BE ISSUED TO THE PROPERTY OWNER ONLY. HOWEVER, APPLICANTS MAY ELECT TO HAVE A CONTRACTOR OR OTHER PERSON SUBMIT THIS APPLICATION AND OTHER REQUIRED DOCUMENTS AS WELL AS RECEIVE THE FIRE CONDITION LETTER.

|                                 |                 |       |
|---------------------------------|-----------------|-------|
| APPLICANT NAME (Property Owner) | MAILING ADDRESS | PHONE |
|---------------------------------|-----------------|-------|

|  |               |  |
|--|---------------|--|
| OWNER/BUILDER?   | EMAIL ADDRESS |  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO |               |  |

#### CONTRACTOR / ARCHITECT INFORMATION

|                             |                 |       |
|-----------------------------|-----------------|-------|
| CONTRACTOR / ARCHITECT NAME | MAILING ADDRESS | PHONE |
|-----------------------------|-----------------|-------|

|               |                |                |                 |
|---------------|----------------|----------------|-----------------|
| EMAIL ADDRESS | LICENSE NUMBER | PROJECT NUMBER | PROJECT CONTACT |
|---------------|----------------|----------------|-----------------|

#### PROJECT DESCRIPTION

|                             |   |              |
|-----------------------------|---|--------------|
| ASSESSOR'S PARCEL NO. (APN) | PROJECT ADDRESS (ACTUAL COMMUNITY - EX.: <u>NOT</u> UPLAND IF IN SAN ANTONIO HEIGHTS) | CROSS STREET |
|-----------------------------|---|--------------|

|  |                                 |                                    |  |                                       |                 |
|--|---------------------------------|------------------------------------|--|---------------------------------------|-----------------|
| <input type="checkbox"/> SINGLE FAMILY | <input type="checkbox"/> DUPLEX | <input type="checkbox"/> MFG. HOME | <input type="checkbox"/> DETACHED GARAGE | <input type="checkbox"/> OTHER: _____ |                 |
| EXISTING SQ. FOOTAGE                   | EXISTING SQ. FOOTAGE            | EXISTING SQ. FOOTAGE               | EXISTING SQ. FOOTAGE                     | EXISTING SQ. FOOTAGE                  | EXISTING FILE # |
| /                                      | /                               | /                                  | /  | /                                     |                 |
| NEW SQ. FOOTAGE                        | NEW SQ. FOOTAGE                 | NEW SQ. FOOTAGE                    | NEW SQ. FOOTAGE                          | NEW SQ. FOOTAGE                       |                 |
| /                                      | /                               | /                                  | /  | /                                     |                 |
| TOTAL SQ. FOOTAGE                      | TOTAL SQ. FOOTAGE               | TOTAL SQ. FOOTAGE                  | TOTAL SQ. FOOTAGE                        | TOTAL SQ. FOOTAGE                     |                 |
| /                                      | /                               | /                                  | /  | /                                     |                 |

|  |  |  |                |                 |           |
|--|--|--|----------------|-----------------|-----------|
| PROPERTY ON A WELL?                                      | EXISTING SPRINKLERS ?                                    | ADDRESS POSTED AT SITE?                                  | DRIVEWAY GRADE | DRIVEWAY LENGTH | FIRE FLOW |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |                |                 |           |

#### CERTIFICATION

I, the applicant, certify that all information contained herein is true and correct. Additionally, I certify that all detached garages/outbuildings indicated in this application are not intended for industrial or commercial use and will be used for the purposes of storing and/or parking private-use items, equipment or vehicles ONLY. I understand that if any garages/outbuildings are used in the future for industrial or commercial purposes or that the items, equipment or vehicles stored and/or parked in the garage are of commercial or industrial use, I may be required to install an automatic fire sprinkler system, automatic fire alarm/monitoring system, onsite hydrants, water supplies, and/or pay fines and/or penalties.

|   |                     |      |
|---|---------------------|------|
| APPLICANT NAME (Please print Applicant's full name) | APPLICANT SIGNATURE | DATE |
|---|---------------------|------|

#### DELIVERY

|   |  |          |
|---|--|----------|
| DELIVER CONDITIONS VIA:   | DELIVER TO:  | COMMENTS |
| <input type="checkbox"/> U.S. MAIL <input type="checkbox"/> EMAIL | <input type="checkbox"/> Owner <input type="checkbox"/> Contractor |          |
| <input type="checkbox"/> CALL <input type="checkbox"/> OTHER:     |  |          |