



APPLICATION FOR CONSTRUCTION PERMIT

COMMERCIAL SPRINKLER / STANDPIPE / HOSE RACK / FIRE PUMP

SAN BERNARDINO COUNTY FIRE PROTECTION DISTRICT COMMUNITY SAFETY DIVISION

San Bernardino Office

620 South 'E' Street
San Bernardino, CA 92415-0179
Phone (909) 386-8400
Fax (909) 386-8460
Hours: 8:00 am – 5:00 pm M-F

North Desert Office

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

Lake Arrowhead Office

301 St. Hwy. 173, P.O. Box 130
Lake Arrowhead, Ca 92352
Phone (909) 337-8586
Fax (909) 336-3182
Hours: 9:00 am – 12:00 pm Tue.

South Desert Office

6942 Airway Ave. Suite C
Yucca Valley, CA 92284
Phone (760) 369-7005
Fax (760) 369-7011
Hours: 9:30 am to 11:30 Wed.

WEBSITE: www.sbcfire.org

APPLICANT INFORMATION

Pursuant to Business and Professions Code §7031.5, and San Bernardino County Fire Protection District Ordinance (SBCFPDO) §12, only a contractor, licensed by the State of California to perform the type of work proposed in the permit application, may apply for and be issued, a construction permit required pursuant to Section 105.7 et seq. of the California Fire Code. Any change of contractor named to conduct the permitted work shall require that a new permit be issued.

CONTRACTOR		MAILING ADDRESS			COMMUNITY	STATE	ZIP CODE
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS			LICENSE NUMBER		

PROJECT INFORMATION

PROJECT NAME		ADDRESS			COMMUNITY	STATE	ZIP CODE
ASSESSOR'S PARCEL NUMBER (APN)	SQUARE FOOTAGE	# OF RISERS	# OF HEADS	# OF EXIST. HEADS	CONTRACTOR PROJECT #	CONTACT NAME	

Plans will not be accepted without the following:

- | | | |
|-----------------------------|--------------------------------------|---|
| 1. Three sets of plans | 3. Assessor's parcel number on plans | 5. Signed architect/contractor/engineer's stamp |
| 2. Project address on plans | 4. Flow test and calculations | 6. Cut sheets for new devices |

NEW NFPA 13 COMMERCIAL SPRINKLER SYSTEM

<input type="checkbox"/>	0 to 10,000 sq. ft.	\$ 786.00	x _____	= \$ _____	RISER INSECTION FEE (if more than one riser) <input type="checkbox"/> Each Additional Riser \$ 210.00 x _____ = _____
<input type="checkbox"/>	10,001 to 25,000 sq. ft.	\$ 1013.00	x _____	= \$ _____	
<input type="checkbox"/>	25,001 to 52,000 sq. ft.	\$ 1,122.00	x _____	= \$ _____	
TOTAL FEE = \$				<input style="width: 50px;" type="text"/>	This fee includes 5 inspections

MODIFICATION TO COMMERCIAL SPRINKLER SYSTEM

<input type="checkbox"/>	1 to 10 sprinkler heads	\$ 322.00	x _____	= \$ _____	
<input type="checkbox"/>	11 to 20 sprinkler heads	\$ 339.00	x _____	= \$ _____	
<input type="checkbox"/>	21 to 30 sprinkler heads	\$ 578.00	x _____	= \$ _____	
<input type="checkbox"/>	31 to 40 sprinkler heads	\$ 659.00	x _____	= \$ _____	
<input type="checkbox"/>	41+ sprinkler heads (per head)	\$ 5.00	x _____	= \$ _____	
TOTAL FEE = \$				<input style="width: 50px;" type="text"/>	This fee includes 3 inspections

STAND PIPE SYSTEM & HOSE RACK

<input type="checkbox"/>	0 to 10,000 sq. ft.	\$ 373.00	x _____	= \$ _____	
<input type="checkbox"/>	10,001 to 50,000 sq. ft.	\$ 495.00	x _____	= \$ _____	
<input type="checkbox"/>	50,001 to 100,000 sq. ft.	\$ 587.00	x _____	= \$ _____	
<input type="checkbox"/>	Ea. additional 100,000 sq. ft.	\$ 660.00	x _____	= \$ _____	
TOTAL FEE = \$				<input style="width: 50px;" type="text"/>	This fee includes 2 inspections

COMMERCIAL FIRE PUMP

<input type="checkbox"/>	Plan Review (per pump)	\$ 803.00	x _____	= \$ _____	
<input type="checkbox"/>	Inspection (per hour)	\$ 165.00	x _____	= \$ _____	
TOTAL FEE = \$				<input style="width: 50px;" type="text"/>	This fee includes 2 inspections

REVISIONS / AS-BUILTS / RESUBMITTALS

<input type="checkbox"/>	RESUBMITTAL (Each subsequent submittal after 2 nd review)	\$216.00
<input type="checkbox"/>	REVISION / AS-BUILT	\$180.00

Make check or money order payable to S.B.C.F.D.

CERTIFICATION

Pursuant to Business and Professions Code §7031.5, and SBCFPDO §12, I certify that I, the Applicant, Am licensed by the State of California to perform the work proposed in this application under the Contractor License Number listed above and that my license is in full force and effect or Am exempt from these contractor licensure and submittal requirements pursuant to Business and Professions Code §7040 – 7054.5.

SUBMITTED BY (<i>please print Contractor's full name</i>)	CONTACTOR'S SIGNATURE	DATE
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