



APPLICATION FOR CONSTRUCTION PERMIT COMMERCIAL AND MULTI-FAMILY RESIDENTIAL CONSTRUCTION

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 SmokeTree 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	CONSTRUCTION TYPE	OCC. TYPE	# OF BLDGS	CONTRACTOR PROJECT #	CONTRACTOR CONTACT NAME	

Plans will not be accepted without the following:

- | | | |
|-----------------------------|---|---|
| 1. Three sets of plans | 3. Assessor's parcel number on plans | 5. Square footage of proposed project |
| 2. Project Address on plans | 4. Construction & occupancy type on plans | 6. Signed architect/contractor/engineer's stamp |

NEW COMMERCIAL CONSTRUCTION (per building)

<input type="checkbox"/>	0 to 10,000 sq. ft.	\$ 559.00	x _____	= \$ _____
<input type="checkbox"/>	10,001 to 50,000 sq. ft.	\$ 733.00	x _____	= \$ _____
<input type="checkbox"/>	50,001 to 100,000 sq. ft.	\$ 911.00	x _____	= \$ _____
<input type="checkbox"/>	100,001 to 500,000 sq. ft.	\$ 1,031.00	x _____	= \$ _____
<input type="checkbox"/>	500,001 to 1,000,000 sq. ft.	\$ 1,083.00	x _____	= \$ _____
<input type="checkbox"/>	Each additional 10,000 sq. ft.	\$ 268.00	x _____	= \$ _____

TOTAL FEE = \$ _____ This fee includes 2 inspections

MODIFICATION COMMERCIAL CONSTRUCTION (per building)

<input type="checkbox"/>	0 to 10,000 sq. ft.	\$ 559.00	x _____	= \$ _____
<input type="checkbox"/>	10,001 to 50,000 sq. ft.	\$ 733.00	x _____	= \$ _____
<input type="checkbox"/>	50,001 to 100,000 sq. ft.	\$ 911.00	x _____	= \$ _____
<input type="checkbox"/>	Each additional 10,000 sq. ft.	\$ 315.00	x _____	= \$ _____

TOTAL FEE = \$ _____ This fee includes 2 inspections

MULTIFAMILY RESIDENTIAL / R-1 HOTELS / APARTMENTS AND CONDOMINIUMS

<input type="checkbox"/>	1 to 20 units	\$ 550.00	x _____	= \$ _____
<input type="checkbox"/>	Each additional 10 units	\$ 275.00	x _____	= \$ _____

TOTAL FEE = \$ _____ 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-BUILTS | \$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 (please print Contractor's full name)	CONTRACTOR SIGNATURE	DATE
--	----------------------	------