APPLICATION FOR CONSTRUCTION PERMIT
PRE-ENGINEERED SYSTEMS & ABOVEGROUND STORAGE TANKS

SAN BERNARDINO COUNTY FIRE PROTECTION DISTRICT
COMMUNITY SAFETY DIVISION

San Bernardino Office	North Desert Office	Lake Arrowhead Office	South Desert Office
620 South 'E' Street	15900 Smoke Tree St. Suite 131	301 St. Hwy. 173, P.O. Box 130	6942 Airway Ave. Suite C
San Bernardino, CA 92415-0179	Hesperia, CA 92345-3222	Lake Arrowhead, Ca 92352	Yucca Valley, CA 92284
Phone (909) 386-8400	Phone (760) 995-8190	Phone (909) 337-8586	Phone (760) 369-7005
Fax (909) 386-8460	Fax (760) 995-8205	Fax (909) 336-3182	Fax (760) 369-7011
Hours: 8:00 am – 5:00 pm M-F	Hours: 8:00 am – 5:00 pm M-F	Hours: 9:00 am – 12:00 pm Tue.	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 DEVICES	CONTRACTOR PROJECT #	CONTRACTOR PROJECT MANAGER

Plans will not be accepted without the following:

1. Three sets of plans
2. Project address on plans
3. Assessor's parcel number(s) on plans
4. Contractor license and phone number
5. Specification sheets
6. Manual (hood systems only)

PRE-ENGINEERED SYSTEMS (per system)

☐	Hood and Duct Suppression System	$ 454.00	x	_____	= $ _____
☐	Paint/Spray/Dipping booth (per booth)	$ 483.00	x	_____	= $ _____
☐	Smoke Control	$ 802.00	x	_____	= $ _____
☐	Battery System	$ 491.00	x	_____	= $ _____
☐	Gas System	$ 484.00	x	_____	= $ _____
☐	Vapor Recovery	$ 365.00	x	_____	= $ _____
☐	Refrigeration	$ 550.00	x	_____	= $ _____
☐	Dust Collection	$ 550.00	x	_____	= $ _____
☐	Special Extinguishing System	$ 675.00	x	_____	= $ _____
☐	Industrial Ovens	$ 299.00	x	_____	= $ _____

TOTAL FEE = $ _____ **This fee includes 2 inspections**

ABOVEGROUND STORAGE TANKS (per submission)

AGGREGATE CAPACITY OF TANKS	MSDS INCLUDED WITH SUBMITTAL	TYPE OF SUBSTANCE IN TANK
	☐ Yes ☐ No	

☐	First tank at each site	$ 309.00	x	_____	= $ _____
☐	Each additional tank at same site	$ 115.00	x	_____	= $ _____

TOTAL FEE = $ _____ **This fee includes 1 inspection**

REVISIONS / AS-BUILTS / RESUBMITTALS

☐ **RESUBMITTAL (Each subsequent submittal after 2nd review)** **$216.00**
☐ **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 (*please print Contractor's full name*)	SIGNATURE	DATE

REVISED 7/18/12