



# APPLICATION FOR CONSTRUCTION PERMIT

## COMMERCIAL AND MULTI-FAMILY RESIDENTIAL CONSTRUCTION

### SAN BERNARDINO COUNTY FIRE PROTECTION DISTRICT COMMUNITY SAFETY DIVISION

**San Bernardino Office**

385 N. Arrowhead Ave., 1<sup>st</sup> Floor  
San Bernardino, CA 92415-0187  
Phone (909) 386-8400  
Fax (909) 387-3249  
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 Tues

**South Desert Office**

58928 Business Center Dr.  
Yucca Valley, CA 92284  
Phone (760) 995-8190  
Fax (760) 995-8205  
Hours: 8:30 am to 4:00 pm Tues

WEBSITE: [www.sbcfire.org](http://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		CITY	STATE	ZIP CODE
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS		LICENSE NUMBER		

#### PROJECT INFORMATION

PROJECT NAME		ADDRESS		CITY / COMMUNITY		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"/>	1 to 10,000 sq. ft.	\$ 699.00
<input type="checkbox"/>	10,001 to 50,000 sq. ft.	\$ 999.00
<input type="checkbox"/>	50,001 to 100,000 sq. ft.	\$ 1,298.00
<input type="checkbox"/>	100,001 to 500,000 sq. ft.	\$ 1,598.00
<input type="checkbox"/>	500,001 to 1,000,000 sq. ft.	\$ 1,897.00
<input type="checkbox"/>	Each additional 10,000 sq. ft.	\$ 1,202.00 x _____ = \$ _____

**TOTAL FEE = \$ \_\_\_\_\_ This fee includes 2 inspections**

#### MODIFICATION COMMERCIAL CONSTRUCTION (per building)

<input type="checkbox"/>	1 to 10,000 sq. ft.	\$ 699.00
<input type="checkbox"/>	10,001 to 50,000 sq. ft.	\$ 849.00
<input type="checkbox"/>	50,001 to 100,000 sq. ft.	\$ 999.00
<input type="checkbox"/>	Each additional 10,000 sq. ft.	\$ 489.00 x _____ = \$ _____

**TOTAL FEE = \$ \_\_\_\_\_ This fee includes 2 inspections**

#### REVISIONS / AS-BUILTS / RESUBMITTALS

- |   |          |
|---|----------|
| <input type="checkbox"/> RESUBMITTAL (Each subsequent submittal after 2 <sup>nd</sup> review) | \$155/hr |
| <input type="checkbox"/> REVISION / AS-BUILTS   | \$427.00 |

**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
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