



APPLICATION FOR FIRE PROTECTION PERMIT

Commercial Solar Power Generating Station / Structure Mounted PV System

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

San Bernardino Office
385 N. Arrowhead Ave., 1st 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. Ste. 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: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.sbctfire.org

APPLICANT INFORMATION

Pursuant to Business and Professions Code §7031.5, and San Bernardino County Fire Protection 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)	LOCATION (If no address)			PROJECT #	PROJECT CONTACT	

PROJECT DESCRIPTION (Please provide a short description of the project – linear concentrator, dish/engine, power tower, thermal storage, etc)

How Mounted	Occupancy Type	Construction Type	Type of System	Size (Acres, Square Feet,
<input type="checkbox"/> Roof				
<input type="checkbox"/> Ground				

Plans will not be accepted without the following:
3. Assessor's parcel number on plans

1. Two sets of plans
2. Project address on plans

Solar Power Generating Station		Structure Mounted Photovoltaic System	
<input type="checkbox"/> Plan Review	\$ 1,457.00	<input type="checkbox"/> Plan review (per system)	\$791.00 x _____ = \$ _____
			TOTAL FEES = \$

REVISIONS / AS-BUILTS / RESUBMITTALS

- | | |
|---|-------------|
| <input type="checkbox"/> RESUBMITTAL (Each subsequent submittal after 2 nd review) | \$155.00/hr |
| <input type="checkbox"/> REVISION / AS-BUILT | \$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)	SIGNATURE	DATE