



APPLICATION FOR CONSTRUCTION PERMIT FIRE ALARM MONITORING / NOTIFICATION SYSTEM

SAN BERNARDINO COUNTY FIRE PROTECTION DISTRICT COMMUNITY SAFETY DIVISION

San Bernardino Office - SBGC
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 - HDGC
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

East Valley Office – San Bernardino City
200 East Third Street
San Bernardino, CA 92410
Phone (909) 918-2201
Fax (909) 381-0071
Hours: 8:00 am – 5:00 pm M-Th

South Desert Office
58928 Business Center Dr.
Yucca Valley, CA 92284
Phone (760) 995-8190
Fax (760) 995-8205
Hours: 9:00 am to 12:00 pm Wed

WEBSITE: www.sbcfire.org ****Coming Soon – Online Permitting****

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 DEVICES	CONTRACTOR PROJECT #	CONTACT NAME	

- Plans will not be accepted without the following:**
- | | | |
|-----------------------------|---|--|
| 1. Three sets of plans | 3. Assessor's parcel number(s) on plans | 5. Cut sheets for new devices |
| 2. Project address on plans | 4. Contractor license number | 6. State Fire Marshal approved UL Listings |

NEW WATERFLOW MONITORING SYSTEM AND MANUAL / AUTOMATIC FIRE ALARM NOTIFICATION SYSTEM (Per System)

<input type="checkbox"/>	Plan Review Water Flow	\$ 328.00	
<input type="checkbox"/>	Plan Review Manual/Automatic	\$ 492.00	
Plus Inspection Fee -			
<input type="checkbox"/>	1 to 10 initiating devices	\$ 491.00	
<input type="checkbox"/>	11 to 50 initiating devices	\$ 674.00	
<input type="checkbox"/>	51 to 100 initiating devices	\$ 920.00	
<input type="checkbox"/>	>100, each additional 10 initiating devices	\$ 123.00	X ___ = \$ _____

TOTAL FEE = \$ _____ **This fee includes 3 inspections**

ALARM SYSTEM MODIFICATION (All Types)(Per System)

<input type="checkbox"/>	Plan Review	\$ 328.00	
Plus Inspection Fee -			
<input type="checkbox"/>	10 initiating devices	\$ 368.00	
<input type="checkbox"/>	Each additional 10 initiating devices	\$ 184.00	X ___ = \$ _____
<input type="checkbox"/>	Fire Alarm Panel upgrade	\$ 184.00	

TOTAL FEE = \$ _____ **This fee includes 3 inspections**

REVISIONS / AS-BUILTS / RESUBMITTALS

- | | | |
|--------------------------|--|---------------|
| <input type="checkbox"/> | RESUBMITTAL (Each subsequent submittal after 2 nd review) | \$109.00/hour |
| <input type="checkbox"/> | REVISION / AS-BUILT | \$246.00 |

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'S SIGNATURE	DATE
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FOR SBCFD USE ONLY

PAYMENT RECEIVED	PAYMENT TYPE	DATE RECEIVED	RECEIVED BY
\$	<input type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD		