



APPLICATION FOR FIRE PROTECTION CONDITIONS ONE AND TWO FAMILY DWELLINGS AND MANUFACTURED HOMES

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 to 5:00 pm M - F

Lake Arrowhead Office

301 State Hwy. 173, P.O. Box 130
Lake Arrowhead, CA 92352
Phone (909) 337-8586
Fax (909) 336-3182
Hours: 9:00 am to 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

APPLICATION TYPE

APPLICATION	REQUIREMENTS	FEE
INITIAL APPLICATION	Minimum of an 8 1/2" X 11" legible plot plan (see checklist for specifics). A Building & Safety 201A Form must also be submitted for projects within the unincorporated areas of the County.	\$397.00
REVISION TO EXISTING CONDITION LETTER	Same as above clearly indicating any changes to the previous submittal. The File Number for the existing Fire Condition Letter must be on the plot plan as well as the date the new plot plan is submitted.	\$155.00
TIME EXTENSION	Extension requests will only be honored PRIOR TO the expiration of the current permit. After expiration, a new submittal is required. Written justification demonstrating the reason an extension of time should be granted must be provided.	\$91.00

A CHECK OR MONEY ORDER FOR THE FULL FEE **MUST BE INCLUDED WITH EACH APPLICATION. MAKE CHECKS/M.O. PAYABLE TO SBCFD. FEES CANNOT BE REFUNDED ONCE THIS APPLICATION IS SUBMITTED.**

PROPERTY OWNER INFORMATION

FIRE CONDITION APPLICATIONS MUST BE SIGNED BY THE PROPERTY OWNER ONLY. CONDITIONS WILL BE ISSUED TO THE PROPERTY OWNER ONLY. HOWEVER, APPLICANTS MAY ELECT TO HAVE A CONTRACTOR OR OTHER PERSON SUBMIT THIS APPLICATION AND OTHER REQUIRED DOCUMENTS AS WELL AS RECEIVE THE FIRE CONDITION LETTER.

PROPERTY OWNER	MAILING ADDRESS	PHONE
OWNER/BUILDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	EMAIL ADDRESS	

CONTRACTOR / ARCHITECT INFORMATION (OPTIONAL)

CONTRACTOR / ARCHITECT NAME	MAILING ADDRESS	PHONE
EMAIL ADDRESS	LICENSE NUMBER	PROJECT NUMBER
PROJECT CONTACT		

PROJECT DESCRIPTION

ASSESSOR'S PARCEL NO. (APN)	PROJECT ADDRESS (ACTUAL COMMUNITY – EX.: <u>NOT</u> UPLAND IF IN SAN ANTONIO HEIGHTS)	CROSS STREET
<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> DUPLEX	<input type="checkbox"/> MFG. HOME
<input type="checkbox"/> DETACHED GARAGE	<input type="checkbox"/> OTHER: _____	
EXISTING SQ. FOOTAGE	EXISTING SQ. FOOTAGE	EXISTING SQ. FOOTAGE
/	/	/
NEW SQ. FOOTAGE	NEW SQ. FOOTAGE	NEW SQ. FOOTAGE
/	/	/
TOTAL SQ. FOOTAGE	TOTAL SQ. FOOTAGE	TOTAL SQ. FOOTAGE
/	/	/
PROPERTY ON A WELL?	EXISTING SPRINKLERS?	ADDRESS POSTED AT SITE?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
DRIVEWAY GRADE	_____	

CERTIFICATION

I, the applicant, certify that all information contained herein is true and correct. Additionally, I certify that all detached garages/outbuildings indicated in this application are not intended for industrial or commercial use and will be used for the purposes of storing and/or parking private-use items, equipment or vehicles **ONLY**. I understand that if any garages/outbuildings are used in the future for industrial or commercial purposes or that the items, equipment or vehicles stored and/or parked in the garage are of commercial or industrial use, I may be required to install an automatic fire sprinkler system, automatic fire alarm/monitoring system, onsite hydrants, water supplies, and/or pay fines and/or penalties.

PROPERTY OWNER NAME (Please print full name)	PROPERTY OWNER SIGNATURE	DATE
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DELIVERY

DELIVER CONDITIONS VIA:	DELIVER TO:	COMMENTS
<input type="checkbox"/> U.S. MAIL <input type="checkbox"/> EMAIL	<input type="checkbox"/> Owner <input type="checkbox"/> Agent	
<input type="checkbox"/> CALL <input type="checkbox"/> OTHER:		

FOR SBCFD USE ONLY

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