



APPLICATION FOR CONSTRUCTION PERMIT

COMMERCIAL SPRINKLER / STANDPIPE / HOSE RACK / FIRE PUMP

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

EZ ONLINE PERMITTING – Visit: EZOP.SBCounty.gov

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	# OF RISERS	# OF HEADS	# OF EXIST. HEADS	CONTRACTOR PROJECT #	CONTACT NAME	

- Plans will not be accepted without the following:**
- | | | |
|-----------------------------|--------------------------------------|---|
| 1. One set of plans | 3. Assessor's parcel number on plans | 5. Contractor name, license number and phone number |
| 2. Project address on plans | 4. Flow test and calculations | 6. Cut sheets for new devices |

NEW NFPA 13 COMMERCIAL SPRINKLER SYSTEM (Per Building / First Riser)

<input type="checkbox"/> Plan Review	\$ 574.00	RISER INSPECTION FEE (if more than one riser) <input type="checkbox"/> Each Additional Riser \$ 184.00 x =
Plus Inspection Fee -		
<input type="checkbox"/> 1 to 20 sprinkler heads/1 st riser	\$ 307.00	
<input type="checkbox"/> 21 to 50 sprinkler heads/1 st riser	\$ 368.00	
<input type="checkbox"/> 51 to 100 sprinkler heads/1 st riser	\$ 460.00	
<input type="checkbox"/> 101 to 350 sprinkler heads/1 st riser	\$ 537.00	
<input type="checkbox"/> >350 sprinkler heads/1 st riser	\$ 613.00	
TOTAL FEE = \$		This fee includes 5 inspections

MODIFICATION TO COMMERCIAL SPRINKLER SYSTEM

<input type="checkbox"/> Plan Review	\$ 164.00	
Plus Inspection Fee -		
<input type="checkbox"/> 1 to 5 sprinkler heads/per riser	\$ 184.00	
<input type="checkbox"/> 6 to 19 sprinkler heads/per riser	\$ 307.00	
<input type="checkbox"/> 20 to 50 sprinkler heads/per riser	\$ 368.00	
<input type="checkbox"/> 51 to 100 sprinkler heads/per riser	\$ 460.00	
<input type="checkbox"/> 101 to 350 sprinkler heads/per riser	\$ 537.00	
<input type="checkbox"/> >350 sprinkler heads/per riser	\$ 613.00	
TOTAL FEE = \$		This fee includes 3 inspections

STANDPIPE SYSTEM & HOSE RACK (Not part of a sprinkler system)

<input type="checkbox"/> Plan Review	\$ 492.00	
Plus Inspection Fee -		
<input type="checkbox"/> 1 to 5 Hose Racks/Standpipes	\$ 368.00	
<input type="checkbox"/> 6 to 10 Hose Racks/Standpipes	\$ 491.00	
<input type="checkbox"/> Each Hose Rack/Standpipe >10	\$ 61.00 X ____ = \$ _____	
TOTAL FEE = \$		This fee includes 2 inspections

COMMERCIAL FIRE PUMP

<input type="checkbox"/> Plan Review (per pump)	\$ 738.00 x ____ = \$ _____
<input type="checkbox"/> Inspection (per pump)	\$ 613.00 x ____ = \$ _____
TOTAL FEE = \$	

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
--	------------------------	------

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		