



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., 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. 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

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

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 nd 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 |
|--|----------------------|------|

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 | | |