



# 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., 1<sup>st</sup> 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

**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.sbctfire.org](http://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 _____ = \$ _____
<b>TOTAL FEES = \$</b>	

**REVISIONS / AS-BUILTS / RESUBMITTALS**

- RESUBMITTAL (Each subsequent submittal after 2<sup>nd</sup> review) \$155.00/hr
- 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

**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		