



APPLICATION FOR CONSTRUCTION PERMIT

PLANNING / BUILDING & SAFETY PROJECTS

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

INFORMATION ENTERED BELOW SHOULD BE EXACTLY AS IT APPEARS ON YOUR PLANNING AND/OR BUILDING AND SAFETY APPLICATION

APPLICANT NAME	MAILING ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS		

REPRESENTATIVE INFORMATION (If different than Applicant)

INFORMATION ENTERED BELOW SHOULD BE EXACTLY AS IT APPEARS ON YOUR PLANNING AND/OR BUILDING AND SAFETY APPLICATION

APPLICANT NAME	MAILING ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS		

PROJECT INFORMATION

PROJECT NAME	ADDRESS	CITY / COMMUNITY	ZIP CODE
ASSESSOR'S PARCEL NUMBER (APN)	SQUARE FOOTAGE (TENANT REVIEW & CELL SITES)	CONSTRUCTION TYPE (TENANT REVIEW & CELL SITE)	OCC. TYPE (TENANT REVIEW & CELL SITE)
		# OF LOTS (IF APPLICABLE)	CONTRACTOR PROJECT # (IF APPLICABLE)
CONTACT NAME			

Plans will not be accepted without the following: (This will apply to Tenant Reviews & Cell Sites Only)

- | | | |
|-----------------------------|--|--|
| 1. Three sets of plans | 3. Assessor's parcel number(s) on plans | 5. Indicate if building is sprinklered |
| 2. Project address on plans | 4. Description of business (Tenant Review) | |

PLANNING / BUILDING & SAFETY PROJECTS

<input type="checkbox"/> Site Plan Review	\$ 738.00	
<input type="checkbox"/> Revision to an Approved Action	\$ 492.00	MUST BE THE ORIGINAL APPLICANT
<input type="checkbox"/> Conditional Use Permit (CUP)	\$ 902.00	
<input type="checkbox"/> CUP – Cell Site	\$ 492.00	
<input type="checkbox"/> Minor Use Permit (MUP)	\$ 492.00	
<input type="checkbox"/> Fuel Modification Plan	\$ 109/hr	
<input type="checkbox"/> Specific Plans	\$ 902.00	
<input type="checkbox"/> Environmental Review or EIR	\$ 109/hr	
<input type="checkbox"/> Tenant Review	\$ 109/hr	

TOTAL FEE = \$	This fee includes 1 inspection
-----------------------	---------------------------------------

SUBDIVISIONS / TRACT MAPS / MOBILEHOME PARKS

<input type="checkbox"/> Tentative Parcel Map (1 to 4 Lots)	\$ 328.00
<input type="checkbox"/> Tentative Tract Map (5 to 300 lots)	\$ 656.00
<input type="checkbox"/> Tentative Tract Map (301+ lots)	\$ 820.00
<input type="checkbox"/> School Site Review	\$ 164.00
<input type="checkbox"/> Mobile Home Park Site Plan Review	\$ 738.00

TOTAL FEE = \$	This fee includes 1 inspection
-----------------------	---------------------------------------

Make check or money order payable to S.B.C.F.D.

CERTIFICATION

SUBMITTED BY (please print Applicant's full name)	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		