



APPLICATION FOR CONSTRUCTION PERMIT

PRE-ENGINEERED SYSTEMS & ABOVEGROUND STORAGE TANKS

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

WEBSITE: www.sbcbfire.org **Coming Soon – Online Permitting**

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)	CONSTRUCTION TYPE	OCC. TYPE	CONTRACTOR PROJECT # (IF APPLICABLE)		CONTRACTOR PROJECT MANAGER (IF APPLICABLE)	

Plans will not be accepted without the following:

- | | | |
|-----------------------------|---|-------------------------------|
| 1. Three sets of plans | 3. Assessor's parcel number(s) on plans | 5. Specification sheets |
| 2. Project address on plans | 4. Contractor license and phone number | 6. Manual (hood systems only) |

PRE-ENGINEERED SYSTEMS

<input type="checkbox"/>	Plan Review (per system)	\$ 410.00		
Plus Inspection Fee -				
<input type="checkbox"/>	Spraying/Dipping/Powdercoating (per booth)	\$ 460.00	x _____	= \$ _____
<input type="checkbox"/>	Industrial Ovens (per oven)	\$ 215.00	x _____	= \$ _____
<input type="checkbox"/>	Vapor Recovery System (per system)	\$ 215.00	x _____	= \$ _____
<input type="checkbox"/>	Refrigeration System (per system)	\$ 460.00	x _____	= \$ _____
<input type="checkbox"/>	Dust Collection System (per system)	\$ 460.00	x _____	= \$ _____
<input type="checkbox"/>	Hood and Duct System (per system)	\$ 399.00	x _____	= \$ _____
<input type="checkbox"/>	Gas System (per system)	\$ 460.00	x _____	= \$ _____
<input type="checkbox"/>	Smoke Control System (per system)	\$ 705.00	x _____	= \$ _____
<input type="checkbox"/>	Battery System (per system)	\$ 337.00	x _____	= \$ _____
<input type="checkbox"/>	Special Extinguishing System (per system)	\$ 582.00	x _____	= \$ _____
<input type="checkbox"/>	Emergency Responder Radio System (per system)	\$ 582.00	x _____	= \$ _____
<input type="checkbox"/>	Marina with Fueling (serving 5 or more vessels)	\$ 460.00	x _____	= \$ _____

TOTAL FEE = \$ _____ This fee includes 2 inspections

ABOVEGROUND STORAGE TANKS (per submission)

AGGREGATE CAPACITY OF TANKS	MSDS INCLUDED WITH SUBMITTAL <input type="checkbox"/> Yes <input type="checkbox"/> No	TYPE OF SUBSTANCE IN TANK
<input type="checkbox"/>	Plan Review	\$ 328.00
Plus Inspection Fee -		
<input type="checkbox"/>	1 st Tank at location	\$ 368.00
<input type="checkbox"/>	Each additional tank at same site	\$ 184.00 x _____ = \$ _____

TOTAL FEE = \$ _____ This fee includes 1 inspection

REVISIONS / AS-BUILTS / RESUBMITTALS

- | | |
|---|----------|
| <input type="checkbox"/> RESUBMITTAL (Each subsequent submittal after 2 nd review) | \$109/hr |
| <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)	SIGNATURE	DATE
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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		