



## APPLICATION FOR CONSTRUCTION PERMIT RESIDENTIAL / MFG. HOMES (13D) & APARTMENT / CONDOS (13R)

### SAN BERNARDINO COUNTY FIRE PROTECTION DISTRICT COMMUNITY SAFETY DIVISION

**San Bernardino Office - SBGC**  
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 - 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](http://EZOP.SBCounty.gov)

#### APPLICANT INFORMATION

**Pursuant to Business and Professions Code §7031.5, §7026.12 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, OR an Owner-Builder of an OWNER-OCCUPIED single-family residence may apply for, and be issued, a construction permit. 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 HEADS       | CONTRACTOR PROJECT # (IF APPLICABLE) | CONTACT NAME |

**Plans will not be accepted without the following:**

- |                                         |                                              |                                             |
|-----------------------------------------|----------------------------------------------|---------------------------------------------|
| 1. One set of plans                     | 4. Square footage of area(s) to be permitted | 7. Single-Family Fire Protection Conditions |
| 2. Project address on plans             | 5. Contractors license and phone number      |                                             |
| 3. Assessor's parcel number(s) on plans | 6. Fire Flow                                 |                                             |

#### RESIDENTIAL NFPA 13D SPRINKLER SYSTEM

|                              |                                               |                              |                                                                                                  |
|------------------------------|-----------------------------------------------|------------------------------|--------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>     | Plan Review                                   | \$ 369.00                    |                                                                                                  |
| <b>Plus Inspection Fee -</b> |                                               |                              |                                                                                                  |
| <input type="checkbox"/>     | 1 to 3,600 sq. ft.                            | \$ 429.00                    | <b>DESIGN METHOD</b><br><input type="checkbox"/> NFPA 13D<br><input type="checkbox"/> CRC § R313 |
| <input type="checkbox"/>     | 3,601 to 5,000 sq. ft.                        | \$ 552.00                    |                                                                                                  |
| <input type="checkbox"/>     | >5,001sq. ft.                                 | \$ 674.00                    |                                                                                                  |
| <input type="checkbox"/>     | Inspections per lot (tract homes)             | \$ 337.00 x _____ = \$ _____ |                                                                                                  |
| <input type="checkbox"/>     | Modification to existing system               | \$ 245.00                    |                                                                                                  |
| <input type="checkbox"/>     | Tank or well supply, bucket test or pump test | \$ 153.00                    |                                                                                                  |

**TOTAL FEE = \$ \_\_\_\_\_ This fee includes 3 inspections**

#### APARTMENT/CONDOS NFPA 13R SPRINKLER SYSTEM (per riser)

|                              |                                 |           |
|------------------------------|---------------------------------|-----------|
| <input type="checkbox"/>     | Plan Review                     | \$ 656.00 |
| <b>Plus Inspection Fee -</b> |                                 |           |
| <input type="checkbox"/>     | 1 to 50 sprinkler heads         | \$ 491.00 |
| <input type="checkbox"/>     | 51 to 100 sprinkler heads       | \$ 613.00 |
| <input type="checkbox"/>     | >100 sprinkler heads            | \$ 961.00 |
| <input type="checkbox"/>     | Modification to existing system | \$ 613.00 |

**TOTAL FEE = \$ \_\_\_\_\_ This fee includes 3 inspections**

#### MANUFACTURED HOME NFPA 13D

|                          |                                                     |           |
|--------------------------|-----------------------------------------------------|-----------|
| <input type="checkbox"/> | Manufactured home with factory installed sprinklers | \$ 293.00 |
|--------------------------|-----------------------------------------------------|-----------|

**TOTAL FEE = \$ \_\_\_\_\_ This fee includes 1 inspection**

#### REVISIONS / AS-BUILTS / RESUBMITTALS

|                          |                                                                      |              |
|--------------------------|----------------------------------------------------------------------|--------------|
| <input type="checkbox"/> | RESUBMITTAL (Each subsequent submittal after 2 <sup>nd</sup> review) | \$109.00/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 / Owner-Builder's full name) | CONTRACTOR / OWNER-BUILDER 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 |               |             |