



APPLICATION FOR CONSTRUCTION PERMIT

UNDERGROUND FIRE LINE / WATER IMPROVEMENT – PUBLIC / PRIVATE

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		COMMUNITY	ZIP CODE	
ASSESSOR'S PARCEL NUMBER (APN)	# of HYDRANTS	# of RISERS	TOTAL# OF APPLIANCES	CONTRACTOR PROJECT #	CONTACT NAME

Plans will not be accepted without the following:

- | | | |
|-----------------------------|---|---|
| 1. Three sets of plans | 3. Assessor's parcel number(s) on plans | 5. Signed architect/contractor/engineer's stamp |
| 2. Project address on plans | 4. Flow report | 6. Cut sheets for new devices |

PRIVATE UNDERGROUND FIRE LINE

APPLIANCES INCLUDE FIRE HYDRANTS AND UNDERGROUND CONNECTIONS TO SPRINKLER RISERS

<input type="checkbox"/>	1 to 10 Appliances	\$ 1,285.00	
<input type="checkbox"/>	11 to 20 Appliances	\$ 1,791.00	
<input type="checkbox"/>	21 to 30 Appliances	\$ 2,296.00	
<input type="checkbox"/>	31 to 40 Appliances	\$ 2,747.00	
<input type="checkbox"/>	Each appliance over 40	\$ 93.00 x _____ = \$ _____	

These fees include 3 inspections

TOTAL FEE = \$ _____

PUBLIC WATER IMPROVEMENT PLANS

<input type="checkbox"/>	1 to 10 Appliances	\$ 425.00	
<input type="checkbox"/>	Each additional appliance over 10	\$ 242.00 x _____ = \$ _____	

TOTAL FEE = \$ _____

This fee DOES NOT include inspections

HYDRANT LOCATION REVIEW

<input type="checkbox"/>	Consultation (per hour)	\$ 218.00 x _____ = \$ _____	
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TOTAL FEE = \$ _____

REVISIONS / AS-BUILTS / RESUBMITTALS

<input type="checkbox"/>	RESUBMITTAL (Each subsequent submittal after 2 nd review)	\$155.00/hr	
<input type="checkbox"/>	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
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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 Cards		