

PERMIT WORKSHEET

Permit Type	Subtype		
<input type="checkbox"/> Plan check	<input type="checkbox"/> Permit & Inspection	<input type="checkbox"/> Inspection only	<input type="checkbox"/> Express P/C
General	<input type="checkbox"/> Landscape / Fuel modification <input type="checkbox"/> Christmas tree /Pumpkin lot <input type="checkbox"/> Spray booth <input type="checkbox"/> Filming <input type="checkbox"/> Fireworks	<input type="checkbox"/> Tent/Canopy <input type="checkbox"/> Special effects / Pyrotechnics <input type="checkbox"/> Helicopter <input type="checkbox"/> Fire Road Access <input type="checkbox"/> Other _____	<input type="checkbox"/> Open flame/Candle <input type="checkbox"/> LFA Review for DSA/OSHPD <input type="checkbox"/> Campfire <input type="checkbox"/> Signage/Graphics
Covered Mall	<input type="checkbox"/> Temporary barricade, display or kiosk <input type="checkbox"/> Special event in a mall		
Fire Sprinkler (comm./mfd)	<input type="checkbox"/> Commercial _____ # of sprinkler heads	<input type="checkbox"/> Multi-Family Dwelling _____ # of risers	<input type="checkbox"/> Standpipe _____ # of inlets and outlets _____ (FDC, Hose connections, etc.)
	<input type="checkbox"/> Underground supply line <input type="checkbox"/> Minor Alteration (Relocation, Replacement)		
Fire Sprinkler (sfd)	<input type="checkbox"/> 1 or 2 family dwelling <input type="checkbox"/> 1 or 2 Family dwelling AND detached bldg. <input type="checkbox"/> Detached bldg. only (Guest house, garage, etc.)		
Fire Extinguishing System	<input type="checkbox"/> Commercial kitchen hood system <input type="checkbox"/> Special extinguishing system <input type="checkbox"/> Complex Projects Only _____ # of nozzles _____ # of initiation devices		
Fire Alarm	<input type="checkbox"/> Minor Alteration (Relocation, Replacement) _____ # of devices	<input type="checkbox"/> AFS Monitoring System	<input type="checkbox"/> High rise, Mid-rise or Complex bldg.
Hazmat	<input type="checkbox"/> Medical Gas <input type="checkbox"/> Low pressure tank or Pressure Vessel	<input type="checkbox"/> Other <input type="checkbox"/> Installation or Alteration of Equipment	
AST/UST	<input type="checkbox"/> New installation <input type="checkbox"/> Re-pipe (UST only) <input type="checkbox"/> First Tank <input type="checkbox"/> Site Remediation Proposal	<input type="checkbox"/> Removal <input type="checkbox"/> Temp/Permanent closure _____ Additional tanks <input type="checkbox"/> SPCC	<input type="checkbox"/> Installation or Alteration of Equipment <input type="checkbox"/> Testing (UST only) <input type="checkbox"/> < 1,000 gallons <input type="checkbox"/> > = 1,000 gallons
Industrial Waste	<input type="checkbox"/> Initial permit application <input type="checkbox"/> I W equipment (Add-on fee)		
Other	<input type="checkbox"/> Copying: # of pages _____ <input type="checkbox"/> Scanning: # of sheets _____ <input type="checkbox"/> Changes to permits	<input type="checkbox"/> Required and not otherwise listed - first hour <input type="checkbox"/> Required and not addressed in the code <input type="checkbox"/> Other than those listed @ staff hourly rate: \$ _____ <input type="checkbox"/> Fire Flow Report <input type="checkbox"/> Fire Flow Test	