



APPLICATION FOR FIRE DEPARTMENT PERMIT

Glendale Fire Department - Fire Prevention Bureau
633 E. Broadway, Suite 101, Glendale, CA 91206
Phone (818) 548-3207 Fax (818) 548-3215
www.glendalefire.org



DATE: _____

TO THE FIRE CHIEF:

Application is hereby made by the undersigned for a permit as described below. All conditions surrounding this application to be in accordance with the Glendale Building & Safety Code. A fee must accompany this application unless exempt.

PROJECT / BUSINESS NAME:
PROJECT ADDRESS, SUITE #, CITY, AND ZIP

CHECK ALL APPLICABLE BOXES

New Alteration Removal

PERMIT TYPE

General Fire Sprinkler (comm./mfd) Fire Extinguishing System Haz Mat
 Covered Mall Fire Sprinkler (sfd) Fire Alarm UST/AST

APPLICANT TO COMPLETE PERMIT WORKSHEET

DESCRIPTION OF PROPOSED WORK:
For installation of fire protection systems, list each component type and quantity. Use of hazardous materials requires completion of additional forms.

CALIFORNIA LICENSED CONTRACTOR'S DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

CONTRACTOR'S NAME		PHONE NO.
MAILING ADDRESS	LICENSE CLASS AND NUMBER	UL LISTING NUMBER [FOR FIRE ALARM ONLY]
APPLICANT'S NAME:		
E-MAIL ADDRESS	APPLICANT'S SIGNATURE	

STAFF USE ONLY

UL: YES NO Link to Building Permit Yes No
 If so Permit No. _____

OK TO SUBMIT BY:	DATE:	ACCEPTED BY:	DATE:	RECEIPT NO.:
OK TO ISSUE BY:	DATE:	ACCEPTED BY:	DATE:	RECEIPT NO.:
BOX NO.	ITEM NO.	PERMIT NO.	PERMIT EXPIRATION DATE:	

PERMIT WORKSHEET

Permit Type	Subtype		
Additional Inspection / Plan Check Time _____ (hours)			
General	<input type="checkbox"/> Christmas tree/Pumpkin lot <input type="checkbox"/> Filming <input type="checkbox"/> Helicopter <input type="checkbox"/> Open flame/Candle <input type="checkbox"/> Special effects / Pyro	<input type="checkbox"/> Campfire <input type="checkbox"/> Fire Road Access <input type="checkbox"/> High piled storage <input type="checkbox"/> Signage/Graphics <input type="checkbox"/> Other _____	<input type="checkbox"/> Emergency manual <input type="checkbox"/> Fireworks <input type="checkbox"/> Landscape / Fuel modification <input type="checkbox"/> Tent/Canopy
Covered Mall	<input type="checkbox"/> Display of fueled equipment <input type="checkbox"/> Use of open flame or gas fueled equipment	<input type="checkbox"/> Temporary barricade, display or kiosk	<input type="checkbox"/> Special event
Fire Sprinkler (comm./mfd)	<input type="checkbox"/> Commercial _____ # of risers <input type="checkbox"/> Underground inspection	<input type="checkbox"/> Multifamily Dwelling _____ # of inlets and outlets (FDC, Hose connections, etc) <input type="checkbox"/> Inspection	<input type="checkbox"/> Standpipe _____ # of sprinkler heads
Fire Sprinkler (sfd)	<input type="checkbox"/> 1 or 2 family Dwelling <input type="checkbox"/> 1 or 2 Family dwelling AND Accessory bldg	<input type="checkbox"/> Guest house/Accessory bldg only	<input type="checkbox"/> Detached garage only
Fire Extinguishing System	<input type="checkbox"/> Commercial kitchen hood system _____ # of nozzles	<input type="checkbox"/> Special extinguishing system _____ # of initiation devices	
Fire Alarm	_____ # of devices	<input type="checkbox"/> Inspection	<input type="checkbox"/> High rise
Hazmat	<input type="checkbox"/> Spray booth <input type="checkbox"/> Medical Gas	<input type="checkbox"/> Low pressure tank or Pressure Vessel	<input type="checkbox"/> Other
AST/UST	<input type="checkbox"/> New install <input type="checkbox"/> Re-pipe (UST only)	<input type="checkbox"/> Removal <input type="checkbox"/> Testing (UST only)	<input type="checkbox"/> Modifications <input type="checkbox"/> Temp/Permanent closure