



PERMIT # \_\_\_\_\_

## Alameda County Fire Department Fire Prevention

### FIRE PROTECTION SYSTEM APPLICATION and PERMIT (Modification/Installation)

Job Name: \_\_\_\_\_

Date: \_\_\_\_\_

Job Address: \_\_\_\_\_

City: \_\_\_\_\_

Building Use or Occupancy Classification: \_\_\_\_\_

#### INSTALLING CONTRACTOR INFO: ATTACH A COPY OF WORKER'S COMP & BUSINESS LICENSE

Company Name: \_\_\_\_\_ License Type/Number: \_\_\_\_\_  
 Address/City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

#### ATTACH CUT,UL, FM, AND/OR SFM LISTING SHEETS FOR ALL COMPONENTS YOU ARE INSTALLING

[ ] New System [ ] Tenant Improvement [ ] Addition [ ] Repair  
 Underground:  NFPA 24  NFPA 1142  # of Hydrants: \_\_\_\_\_  
 Fire Sprinklers:  # of Heads: \_\_\_\_\_ NFPA Standard: 13  13R  13D   
 Fire Alarm:  # of Devices: \_\_\_\_\_  
 Alternative Fire Suppression: FM200  Halon  Hood & Duct  Vesda  Other \_\_\_\_\_

#### WORKER'S COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a Certificate of Consent to self-insure for Worker's Compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which the permit is issued.

I have and will maintain a Certificate of Consent to self-insure for Worker's Compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which the permit is issued. My Worker's Compensation Insurance carrier and Policy number are:

Carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_

#### CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE

(This section need not be completed if the permit is for one-hundred dollars (\$100.00) or less.)

I certify that in the performance of the work, for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation Laws of California.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Worker's Compensation provision's of the Labor Code, you must forthwith comply with such provisions or this permit will be deemed revoked.

**ONE TIME PERMIT:** Submit a maximum of (3) sets of completed plans (4) sets in San Leandro, worker's compensation insurance certificate and business license for the city you are working in; one (1) set of hydraulic calculations, seismic bracing load calculation, specifications, and cut sheets. Provide a separate completed application along with the appropriate fees for each address. Target plan review turnaround time is 14 working days however; unusual circumstances may dictate a longer turnaround time. A completed permit application is required for **all** types of work.

I certify that I have read this application and state that the above information is true and correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representatives of ACFD to enter upon the above mentioned property for inspection purposes.

(We) agree to save, indemnify and keep harmless the Alameda County Fire Department against liabilities, judgments, costs and expenses that may in any way accrue against said department in consequence of the granting of this permit.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**- Fire Department Office Use Only -**

**APPROVALS:**

Revisions Required: _____	Revisions Required: _____	Revisions Required: _____
Contact Notified: _____	Contact Notified: _____	Contact Notified: _____
Approved By: _____	Approval Date: _____	Applicant Notified: _____

<b>FEES DUE:</b> _____	<b>Date Paid:</b> _____	<b>Comments:</b> _____
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Plans Received: _____	Date Due: _____	Plans Received: _____	Date Due: _____
Plans Received: _____	Date Due: _____	Plans Received: _____	Date Due: _____

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**SYSTEM INSPECTION TEST RECORD:**

**Underground:**

Pre-Pour: \_\_\_\_\_ By: \_\_\_\_\_ Hydro: \_\_\_\_\_ By: \_\_\_\_\_

Flow Test & Flush: \_\_\_\_\_ By: \_\_\_\_\_ System Final: \_\_\_\_\_ By: \_\_\_\_\_

Comments: \_\_\_\_\_

**Sprinklers:**

Weld Inspections: \_\_\_\_\_ By: \_\_\_\_\_; \_\_\_\_\_ By: \_\_\_\_\_

Weld Inspections: \_\_\_\_\_ By: \_\_\_\_\_; \_\_\_\_\_ By: \_\_\_\_\_

Overhead Hydro: \_\_\_\_\_ By: \_\_\_\_\_; Overhead Hydro.: \_\_\_\_\_ By: \_\_\_\_\_

Overhead Hydro: \_\_\_\_\_ By: \_\_\_\_\_; Overhead Hydro.: \_\_\_\_\_ By: \_\_\_\_\_

Overhead Insp: \_\_\_\_\_ By: \_\_\_\_\_; Overhead Insp.: \_\_\_\_\_ By: \_\_\_\_\_

Overhead Insp: \_\_\_\_\_ By: \_\_\_\_\_; Overhead Insp.: \_\_\_\_\_ By: \_\_\_\_\_

System Final: \_\_\_\_\_; By: \_\_\_\_\_

Comments: \_\_\_\_\_

**Fire Alarm System:**

Functional Test: \_\_\_\_\_ By: \_\_\_\_\_; Wire Integrity Test: \_\_\_\_\_ By: \_\_\_\_\_

System Final: \_\_\_\_\_; By: \_\_\_\_\_

Comments: \_\_\_\_\_

**Alternative Fire Suppression:**

Piping Pressure Test: \_\_\_\_\_ By: \_\_\_\_\_; Functional/Puff Test(s)\* \_\_\_\_\_ By: \_\_\_\_\_

Concentration/Door Fan Test: \_\_\_\_\_ By: \_\_\_\_\_ System Final: \_\_\_\_\_ By: \_\_\_\_\_

\* Monitoring  FA Interconnection  Shut-Down  Activation Components  Alarm/Detection Components  Piping Obstruction/Balloon

Comments: \_\_\_\_\_