



# COUNTY OF SANTA CRUZ

SANTA CRUZ COUNTY FIRE DEPARTMENT  
OFFICE OF THE FIRE MARSHAL  
6059 HIGHWAY 9, P.O DRAWER F-2, FELTON, CA 95018 (831) 335-6748

IAN LARKIN  
FIRE CHIEF - ACTING

## PART ONE: TO BE COMPLETED BY ALL APPLICANTS

DATE	APN	INSTALLER'S NAME
JOB ADDRESS		CITY
INSTALLER'S PHONE NUMBER(S)		<input type="checkbox"/> SANTA CRUZ COUNTY FIRE <input type="checkbox"/> PAJARO VALLEY FIRE DISTRICT
PERMIT FOR:	<input type="checkbox"/> WATER TANK, HYDRANT, AND UNDERGROUND FOR HYDRANT <input type="checkbox"/> FIRE SPRINKLER SYSTEM AND UNDERGROUND FOR SPRINKLER SYSTEM	<input type="checkbox"/> ALARM SYSTEM <input type="checkbox"/> SUPPRESSION SYSTEM <input type="checkbox"/> TENT/CANOPY <input type="checkbox"/> LPG TANK <input type="checkbox"/> OTHER _____
INSTALLER IS:	<input type="checkbox"/> OWNER BUILDER	<input type="checkbox"/> CONTRACTOR

## PART TWO: COMPLETE ONLY IF CONTRACTOR

COMPANY NAME	PHONE #
LICENSE CLASS	LICENSE #

### LICENSED CONTRACTOR'S DECLARATION

I hereby affirm that I am licensed under applicable provisions of the California Business and Professions Code and my license is in full force and effect.

CONTRACTOR: \_\_\_\_\_

## PART THREE: TO BE COMPLETED BY ALL APPLICANTS

I certify that I have read this application and state that the above information is correct. I agree to comply with all district, county and state laws regulating to building construction, fire and life safety requirements and hereby authorize representatives of the Department/District to enter upon the above mentioned property for inspection purposes.

SIGNATURE OF APPLICANT OR AGENT \_\_\_\_\_ DATE \_\_\_\_\_