



Salinas Fire Department 65 W. Alisal Street - Salinas, CA 93901

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Office Hours: Monday - Friday: 9am - 4pm



FIRE PROTECTION PERMIT & PLAN CHECK APPLICATION

- Residential Commercial Building Permit #B Revision to Permit #REV Standalone Permit #FIR

Application Date: Project Name: Project Address: Suite Zip Square Ft of Project Area

CONTRACTOR INFORMATION Name: Address: City/Zip Phone: Fax Contact Person: Office Phone: Cell: E-mail: Work done in the City requires a CITY OF SALINAS BUSINESS LICENSE ALL LICENSE INFORMATION IS SUBJECT TO VERIFICATION CITY OF SALINAS Business License #: Expiration Date: STATE Contractor License #: Type: Expiration Date: UNDERGROUND SPRINKLER FIRE ALARM OTHER

Application is hereby made for a plan approval as follows:

Table with columns for device types (e.g., PERMIT APPLICATION FEE, UNDERGROUND FIRE SERVICE, AUTOMATIC FIRE SPRINKLER SYSTEM) and Office Use FEE.

ADDITIONAL PLAN REVIEW SERVICES table with columns for # of sheets, Additional Description, and fees for various services like Fire Inspection, Consultation, etc.

I ATTEST THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

Applicant's Name (PRINT): Applicant's Signature:

OFFICE USE ONLY: Plan Checked By: Date Plan Check Completed: Date Issued: Check #: Credit Card Convenience Fee: Cash: Total: