



Salinas Fire Department 65 W. Alisal Street - Salinas, CA 93901
 (831)758-7261 phone (831)758-7938 fax Website: www.ci.salinas.ca.us
 Office Hours: Monday - Thursday: 10am - 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: _____	
<input type="checkbox"/> UNDERGROUND <input type="checkbox"/> SPRINKLER <input type="checkbox"/> FIRE ALARM <input type="checkbox"/> OTHER _____	

Application is hereby made for a plan approval as follows:

<input checked="" type="checkbox"/> Applicant Check Type of Plan <i>**Indicate number of devices, appliances, linear feet, etc.</i>	Office Use FEE
<input type="checkbox"/> PERMIT APPLICATION FEE (payable at time of submittal) \$ 263.81	\$
<input type="checkbox"/> UNDERGROUND FIRE SERVICE- Fire Hydrant _____ Fire Sprinkler _____ How many linear feet? _____	
<input type="checkbox"/> AUTOMATIC FIRE SPRINKLER SYSTEM - # of Risers: _____ # of Heads Per Riser: _____ Alterations - # of Risers: _____ # of Heads Per Riser: _____	
<input type="checkbox"/> SPECIALIZED FIRE SPRINKLER SYSTEM - # of Risers: _____ # of Heads Per Riser: _____ Dry System _____ Pre-Action System _____ Deluge Water System _____ Other _____	
<input type="checkbox"/> OTHER FIRE PROTECTION Fire Pump _____ Standpipe _____	
<input type="checkbox"/> ALTERNATIVE AUTOMATIC FIRE EXTINGUISHING SYSTEMS- Hood & Duct _____ Other _____ Flow Points _____	
<input type="checkbox"/> FIRE ALARM SYSTEMS - No. Initiating Devices _____ No. of Notification Appliances _____	
<input type="checkbox"/> AUTOMATIC FIRE DETECTION SYSTEMS - Number of Devices: _____	
<input type="checkbox"/> SPECIALIZED GAS DETECTION SYSTEMS - Type: _____	
<input type="checkbox"/> WATERFLOW - Number of Devices: _____	
<input type="checkbox"/> OTHER _____	

ADDITIONAL PLAN REVIEW SERVICES	
# of Large Plan Sheets _____	Additional Description _____
# of cut/spec. sheets (8x11) _____	
Plan Check - Expedite Request _____	Fire Inspection _____
Plan Check 1st Revision _____	Consultation _____
Plan Check 2nd Revision _____	Alternate Materials or Method Request _____
Plan Check 3rd Revision & Sub-sequent Revisions _____	
5% Technology Surcharge _____	
SUB-TOTAL FEES \$	

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: _____	Check #: _____
Date Plan Check Completed _____	Credit Card Convenience Fee: \$ _____
Date Issued: _____	Cash \$ _____
Total: \$ _____	