



## FIRE DEPARTMENT

230 Walnut Avenue, Santa Cruz, CA 95060 • Phone (831) 420-5280 • Fax (831) 420-5281

### PERMIT APPLICATION - DEFERRED SUBMITTAL

DATE: \_\_\_\_\_ BUILDING PERMIT # \_\_\_\_\_

ADDRESS OF INSTALLATION: \_\_\_\_\_

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CONTRACTOR: \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LICENSE CLASS: \_\_\_\_\_ LICENSE # \_\_\_\_\_

WORKERS COMP INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

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PERMIT TYPE:

**SPRINKLERS:** OVERHEAD UNDERGROUND COMBO

\*Must include manufacturers' cut sheet for all Overhead sprinkler plans.

**FIRE ALARM:**

\*Must include manufacturers' cut sheet and CSFM Listings & Monitoring Contract.

**FIRE EXTINGUISHING SYSTEM:**

\*Must include manufacturers' cut sheet and CSFM Listings.

**OTHER:** \_\_\_\_\_

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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.

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_