



MISCELLANEOUS FIRE MARSHAL REVIEW APPLICATION

Fire Marshal's Office

70 W. Hedding Street, East Wing, 7th Floor, San Jose CA 95110-1705
Phone (408) 299-5760 / <http://firemarshal.sccgov.org>

The following information is required in order to process your application: *(Type or fill out legibly in pen only)*

JOB LOCATION:

Project Name: _____ APN: _____ - _____ Building Permit No.: _____
Address: _____ City: _____ Zip Code: _____
Cross Street: _____ Bldg. Name: _____ Bldg #: _____

PROJECT DESCRIPTION: _____

RESPONSIBLE PERSON/OWNER: _____ Property Owner Other _____
Address: _____ City: _____ Zip Code: _____
E-Mail Address: _____ Phone: _____

CONTRACTOR: Owner/Builder (Check box)
Company Name: _____ Office Phone: _____
Mailing Address: _____ City: _____ Zip Code: _____
Contact Name: _____ Phone: _____ Fax: _____

SCOPE OF WORK: (Check One)
 Construction Site Safety Plan Public School Water/Access Review *(no charge)* Ag Burn HazVeg Burn
 Other: _____

Submittal shall include but not be limited to a minimum of two (2) sets of completed plans and all supporting documents. (Not Applicable for Burn Permits.)
Each address or building may require a **separate** permit application packet.

I certify that I have read this application and state that the above information is correct. I agree to comply with all county ordinances and state laws and conditions of this permit relating to building construction and hazardous operations, and hereby authorize representatives of the Santa Clara County Fire Marshal's Office (Santa Clara County Central Fire Protection District) to enter upon the above-mentioned property for inspection purposes as necessary.

(We) agree to save, indemnify and keep harmless the Santa Clara County Fire Marshal's Office and Santa Clara County Central Fire Protection District against liabilities, judgments, costs and expenses that may in any way accrue against said Department in consequence of granting this permit.

APPLICANT'S SIGNATURE _____ DATE: _____

PRINT NAME: _____ COMPANY: _____

Fee/Amount Paid: _____ Register Invoice#: _____
Date Paid: _____ **Office Use Only** PLAN CHECK NO.: _____

