



# LICENSED FACILITY FIRE INSPECTION APPLICATION

## Santa Clara County Fire Marshal's Office

70 W. Hedding Street, East Wing, 7th Floor, San Jose CA 95110-1705  
Phone (408) 299-5760 / Fax (408) 299-6757  
<http://firemarshal.sccgov.org>

**Authority Cited:** County Fire Code, CCR Title 19

Licensed care uses may have specific zoning, building and Fire Code requirements. These requirements provide a minimum level of safety for this sensitive type of use. Licensed care providers are urged to contact the appropriate County agencies, including the Planning and Building Inspection Offices to obtain all information needed to convert your property into a Licensed Care facility.

**A. APPLICATION INFORMATION** Check One:  Initial Fire Clearance  Pre-Application Inspection

The following information shall be submitted to the Fire Marshal's Office:

Facility Name: \_\_\_\_\_

Site Address: \_\_\_\_\_ City: \_\_\_\_\_ CA Zip: \_\_\_\_\_

Owner/Contact Name: \_\_\_\_\_

Mail Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address (if available): \_\_\_\_\_

Contact Numbers/Office: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Signature: \_\_\_\_\_ Application Date: \_\_\_\_\_

**B. OTHER REQUIRED INFORMATION**

- Prior to an **INITIAL FIRE CLEARANCE** inspection a completed State of California Fire Safety Inspection Request (Form STD 850) must be received by this office from the state agency. **EXCEPTION:** Applicants for facilities licensed by Alcohol & Drug Programs may download and submit this completed form. (**NOTE: The STD 850 form is NOT required for a Pre-Application Inspection.**)
- Dimensional site plan showing all buildings on site, access driveways, setbacks from property lines, and distances between buildings. Include fenced areas and exits to the street.
- Floor plan of the building that shows all rooms, interior and exterior doors, windows, bedrooms, common use areas, attached garages, etc. Indicate the use of each room on the plan.
- Number and location of client bedrooms. Please specify how many clients are ambulatory vs. non-ambulatory and the location of their respective bedrooms. (*Residential Care Facility only*)
- Location of any ramps for all interior and exterior changes in elevation for all exit paths, including slope, handrails, guardrails. (*Residential Care Facility only*)
- Information and location of all smoke detectors, fire extinguishers, fire alarm pull station/bell, fire sprinkler system riser/inspectors test valve/Fire Department Connection (FDC), fire protection water tank and hydrant, if applicable.

**C. FEES**

Fees shall be submitted to the Fire Marshal's Office as follows, based on how many clients your facility will be licensed to serve:

**PRE-APPLICATION:**  25 clients or less (\$50.00)  26 or more clients (\$100.00)

**INITIAL FIRE CLEARANCE:**  6 or less clients: *No Charge*  Over 6 clients: (*See current fee chart*)

**Fire Marshal's Office Use Only**

Request/Fee Received: \_\_\_\_\_ By: \_\_\_\_\_

Inspection Date: \_\_\_\_\_ Inspected By: \_\_\_\_\_ PC#: \_\_\_\_\_