



# SELMA FIRE DEPARTMENT PERMIT APPLICATION

TODAY'S DATE: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_ UNIT# \_\_\_\_\_

- This is a
- Single Family Residence \_\_\_\_\_
  - Apartment Building of \_\_\_\_\_ units
  - Commercial     Single Story     Multi-Story
  - There is currently no structure on this parcel.
  - Other (please specify) \_\_\_\_\_

<input type="checkbox"/> <b>PROPERTY OWNER</b> <input type="checkbox"/> <b>TENANT</b>	<input type="checkbox"/> <b>ENGINEER</b> <input type="checkbox"/> <b>DESIGNER</b>
Name: _____ Address: _____ City/ST/Zip: _____ Day Phone: _____	Name: _____ Registry # _____ Address: _____ City/ST/Zip: _____ Day Phone #: _____

 **CONTRACTOR**                       **OWNER - BUILDER**

Lic. # \_\_\_\_\_ Lic. Class \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/ST/Zip: \_\_\_\_\_  
Day Phone #: \_\_\_\_\_  
City Business Lic. # \_\_\_\_\_

**CONTRACTOR ATTEST: I certify under penalty of perjury that I am self-employed and have *no employees*, and am therefore exempt from California Workers Compensation laws.**

Signature: \_\_\_\_\_

**Certification of Applicant**  
I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all City Ordinances and State laws regulating building construction. I further state the contract price of the job is:  
\$ \_\_\_\_\_ x 1/2 % (.005) = \$ \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Verify Workers Comp ON FILE \_\_\_\_\_  
Expiration Date \_\_\_\_\_

**DESCRIPTION OF WORK:** (Please fill in and mark all that apply)

<input type="checkbox"/> Fire Alarm System	<input type="checkbox"/> Fixed Extinguishing System	<input type="checkbox"/> Standpipe
<input type="checkbox"/> Fire Monitoring System	<input type="checkbox"/> High Piled Storage	<input type="checkbox"/> Storage Tank Install
<input type="checkbox"/> Fire Sprinkler System	<input type="checkbox"/> Sprinkler Underground	<input type="checkbox"/> Other

Other/Additional Description: \_\_\_\_\_

Building Permit #: \_\_\_\_\_

**PROJECT CONTACT PERSONS:**

During Plan Check: \_\_\_\_\_ Fax # \_\_\_\_\_  
During Construction: \_\_\_\_\_ Day Phone # \_\_\_\_\_  
Email Address: \_\_\_\_\_ Day Phone # \_\_\_\_\_

Applicant's Signature: _____	Name Printed: _____
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