

Project Address:

PALO ALTO FIRE DEPARTMENT FIRE PREVENTION BUREAU 285 Hamilton Avenue Palo Alto, CA 94301 (650) 329-2981 firepermits@cityofpaloalto.org

RECEIVED DATE:	RECEIVED BY:
FIRE PERMIT #	BUILDING PERMIT # (IF APPLICABLE)

FIRE DEPARTMENT PERMIT APPLICATION

		1			
Contractor Designer/E	ngineer 🔲	Tenant Informat	t ion (If Applicable)		
Primary Contact:		Business Name:			
Company: License #:		Building/Floor/S	Building/Floor/Suite #:		
Address: P		Primary Contact:	rimary Contact:		
Phone: E	Email: Ph		Email:		
I certify that I have a certificate to self-insure, or a Certificate of Worker's	Policy #:		Date:		
Compensation Insurance, or a certified copy thereof.	Company:		Signature:		
Please Check Applicable Box					
Fire Sprinkler Hard Pipe Flex	CPVC 🔲	Fire Alarm			
Hydrant/UGFS		ERRCS			
Special Hazard Fire Protection	System	Two Way Ca	all Box		
Hazardous Materials (choose all	applicable)				
Refrigerants, Ovens/Furnaces, Fume Hoods		Med Gas			
Equipment Installation (Other)		Process Pipi	ing		
Radiological/X-Ray Equipment		HazMat TCC)		
Provisional Storage Permit		Temporary	Generator		
		1			

Inverter/UPS		Permanent Generator	
HazWaste Storage Areas		Batteries	
Toxic Gas Sensors		Other	
Gas Monitoring			
UST Repair			
Secondary Containment			
Oxygen Deficiency Sensors			
New:	Mod	dification:	
Total Number Heads/Devices:	Occ	upancy Group:	
Project Description:			
			
Notes:			