



CENTRAL
FIRE PROTECTION DISTRICT
of Santa Cruz County
930 17th Avenue, Santa Cruz, CA 95062-4125
phone (831) 479-6843 fax (831) 479-6847
www.centralfpd.com

Building Permit Application

Plans for submittal must be received in our office by Wednesday 4:00pm.

This permit is to be issued in the name of the Property Owner or Licensed Contractor who is responsible and liable for plan submittal and fees.

Property Location or Address: _____

Assessor's Parcel Number (APN) _____

Property Owner: Name _____ Phone No. () _____

Mailing Address: _____ Email _____

Licensed Architect or Engineer (in charge of project) Information:

Name: _____ License:No/Exp _____ Phone No. () _____

Fax No. () _____ Cell No. () _____ Email _____

Mailing Address: _____

LICENSED CONTRACTOR'S DECLARATION

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.

Name: _____ License:No/Exp _____ Phone No. () _____

Fax No. () _____ Cell No. () _____ Email _____

Mailing Address: _____

Description of Work to be Performed: _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all district and county ordinances, district, county and state laws regulating to building construction, fire and life safety requirements and hereby authorize representatives of the District to enter upon the above mentioned property for inspection purposes.

APPLICANT OR AGENT _____ DATE _____

APPROVED FOR ISSUANCE:

PERMIT#: _____ FEE: _____ DATE: _____ INITIALS: _____