



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

**PERMIT APPLICATION – DEFERRED SUBMITTALS**

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

DATE: \_\_\_\_\_ APN: \_\_\_\_\_  
ADDRESS OF INSTALLATION: \_\_\_\_\_  
CONTRACTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
LICENSE CLASS: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

**PERMIT FOR:** NEW  ADDITION  MODIFICATION

**SPRINKLER SYSTEM:** OVERHEAD  UNDERGROUND

**\*Must include manufacturers' cut sheet for all Overhead sprinkler plans.**

**FIRE ALARM SYSTEM:**  CENTRAL STATION \_\_\_\_\_

REMOTE STATION \_\_\_\_\_

**\*Must include manufacturers' cut sheet and CSFM Listings & Monitoring Contract**

**FIXED FIRE SYSTEM:**

**\*Must include manufacturers' cut sheet and CSFM Listings**

**OTHER:** \_\_\_\_\_

**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.

**APPLICANT:** \_\_\_\_\_

**Worker's Compensation Insurance** Certification on File? Yes  No

**SUB-CONTRACTOR**

If you plan to utilize a sub-contractor as part of this permit, please include the following:

CONTRACTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

LICENSE CLASS: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

I hereby affirm the above named subcontractor is properly licensed under applicable provisions of the California Business and Professions Code and license is in full force and effect.

**Worker's Compensation Insurance** Certification on File? Yes  No

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: \_\_\_\_\_

*Serving The Communities of Capitola, Live Oak, and Soquel*