

## **SCOTTS VALLEY FIRE PROTECTION DISTRICT**

7 Erba Lane, Scotts Valley, CA 95066-4199 ● scottsvalleyfire.com ● 831-438-0211

## **PERMIT APPLICATION - DEFERRED SUBMITTALS**

Date:	APN:		
Address of Installation:			
Contractor:	Phone:		
Address:	City:	State:	Zip:
License Class:	License #:		
Permit For: New	Addition Modificatio	n	
Sprinkler System:  *Must include r Fire Alarm System:	manufactures' cut sheet for all Ove Central Station	erhead sprinkler plans.	
Fixed Fire System:  *Must include r	Remote Statior manufactures' cut sheet and CSFM manufactures' cut sheet and CSFM	I Listing & Monitoring (	Contract
and my license is in full for Applicant:	Licensed Contracto censed under applicable provisions rce and effect.  Insurance Certification on File?	s of the California Busir	ness and Professions Code
	Sub-Contr	actor	
If you plan to	o utilize a sub-contractor as part of		lude the following:
	Ph		
Address:	City:	Z	ip:
License Class:	License #:		
I hereby affirm that I am lic And my license is in full fo	censed under applicable provisions rce and effect.	s of the California Busir	ness and Professions Code
Worker's Compensation	Insurance Certification on File?	Yes No	
strict and county ordinance	s application and state that the abes, district, county and state laws uthorize representatives of the Dis	regulating to building co	onstruction, fire and life safety
APPLICANT OR AGENT		Date	