

## **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 Sprinkler System:	Addition Modification Overhead Underground	pressure on water district letterhead (if public
water) for all Overhead sprinkler plans. Fire Alarm System: Central Station Remote Station *Must include manufactures' cut sheets, CSFM Listing & Monitoring Contract		
Fixed Fire System: *Must include manufactures' cut sheets and CSFM Listing Other:		
<u>Licensed Contractor's Declaration</u> 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		
<u>Sub-Contractor</u> If you plan to utilize a sub-contractor as part of this permit, please include the following:		
		e:
		Zip:
	License #:	
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.		
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