



Glendale Fire Department - Fire Prevention Bureau
 633 E. Broadway, Suite 101, Glendale, CA 91206
 Phone (818) 548-3207 Fax (818) 548-3215
 www.glendalefire.org



APPLICATION FOR FIRE DEPARTMENT PERMIT

DATE: _____

TO THE FIRE CHIEF:

Application is hereby made by the undersigned for a permit as described below. All conditions surrounding this application to be in accordance with the Glendale Building & Safety Code. A fee must accompany this application unless exempt

PROJECT / BUSINESS NAME:		
PROJECT ADDRESS, SUITE #, CITY, AND ZIP		
CHECK ALL APPLICABLE BOXES <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Removal		
PERMIT TYPE <input type="checkbox"/> Alarm <input type="checkbox"/> Covered Mall <input type="checkbox"/> Extinguishing System <input type="checkbox"/> General <input type="checkbox"/> Haz Mat		
<input type="checkbox"/> Hydrant <input type="checkbox"/> Sprinkler (comm./mfd) <input type="checkbox"/> Sprinkler (sfd) <input type="checkbox"/> UST/AST <input type="checkbox"/> Other _____		
APPLICANT TO COMPLETE PERMIT WORKSHEET (On reverse)		
DESCRIPTION OF PROPOSED WORK: For installation of fire protection systems, list each component type and quantity. Use of hazardous materials requires completion of additional forms.		
APPLICANT: (Check all Applicable Boxes)		
<input type="checkbox"/> Property Owner/Business Owner <input type="checkbox"/> Applicant <input type="checkbox"/> Contractor <input type="checkbox"/> Non-Profit <input type="checkbox"/> Pilot		
NAME	MAILING ADDRESS	PHONE NO.
E-MAIL ADDRESS		
CALIFORNIA LICENSED CONTRACTOR'S DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.		
CONTRACTOR'S NAME	MAILING ADDRESS	PHONE NO.
E-MAIL ADDRESS		
LICENSE TYPE	LICENSE NUMBER	
Signature of Applicant		Date

STAFF USE ONLY

UL: <input type="checkbox"/> Yes <input type="checkbox"/> No					P.C. FEE	Y	N
If yes provide the UL listing number (for Fire Alarm Only) _____					FTECH	Y	N
Link to Permit No. _____					INSPECTION	Y	N
OK TO SUBMIT BY:	DATE:	ACCEPTED BY:	DATE:	RECEIPT NO.:	ARCHIVE FEE (PAGES)	Y	N
OK TO ISSUE BY:	DATE:	ACCEPTED BY:	DATE:	RECEIPT NO.:	SUPP. P.C. FEE	Y	N
BOX NO.	ITEM NO.	PERMIT NO.	PERMIT EXPIRATION DATE:		PERMIT FEE	Y	N

PERMIT WORKSHEET

Permit Type	Subtype
	<input type="checkbox"/> Additional Plan Review _____ Hours <input type="checkbox"/> Inspection After Business Hours _____ Hours <input type="checkbox"/> Additional Inspection _____ Hours <input type="checkbox"/> Re-Inspection
General	<input type="checkbox"/> Candles & Open Flames in Assembly Area <input type="checkbox"/> Filming <input type="checkbox"/> Not Covered Herein <input type="checkbox"/> Fireworks Display <input type="checkbox"/> Helicopter Landing <input type="checkbox"/> High-piled Storage Area <input type="checkbox"/> Fire Clearance Issuance <input type="checkbox"/> Spray Booth <input type="checkbox"/> Pyrotechnical / Special Effects <input type="checkbox"/> Tents, Canopies, Temporary Membrane Structures
Covered Mall	<input type="checkbox"/> Liquid or Gas-Fueled Display <input type="checkbox"/> Temporary Kiosk, Booth, Concession, Barricade, etc <input type="checkbox"/> General (i.e. Special Event) <input type="checkbox"/> Open Flame or Flame Producing Device
Fire Alarm	<input type="checkbox"/> Alteration to Existing System (up to 8 Devices) <input type="checkbox"/> New or Existing System (9 Devices or more) <input type="checkbox"/> New System (Up to 8 Devices) <input type="checkbox"/> New or Existing System (High Rise Building) Number of devices _____
Fire Extinguishing System	<input type="checkbox"/> New or Existing System <input type="checkbox"/> Special Extinguishing System <input type="checkbox"/> Hood System Number of Nozzles _____ Number of Initiation Devices _____
Fire Sprinkler (Commercial / Industrial / Multifamily)	<input type="checkbox"/> Alteration to Existing System (up to 10 Heads) <input type="checkbox"/> New or Existing System (11 or more Heads) <input type="checkbox"/> New System (Up to 10 Heads) <input type="checkbox"/> Underground Supply Line No. of Sprinkler Heads _____ No. of Risers _____ No. of Inlets & Outlets (FDC, Standpipe Valves, Etc.) _____
Fire Sprinkler (SFD)	<input type="checkbox"/> New System <input type="checkbox"/> House Only or House with Attached Garage <input type="checkbox"/> Existing System (Alteration) <input type="checkbox"/> Detached Garage, Guest House Or Accessory Bldg.; House Not Included <input type="checkbox"/> House and Detached Garage, Guest House or Accessory Building
Hydrant	<input type="checkbox"/> Fire Flow Test <input type="checkbox"/> Private Fire Hydrant <input type="checkbox"/> Fire Flow Report
Other	<input type="checkbox"/> Fire Code Modification Request <input type="checkbox"/> Change to Fire Permit <input type="checkbox"/> Fire Code Alternate Method or Materials <input type="checkbox"/> Search for Fire Permit <input type="checkbox"/> Digital Copying, Scanning of Fire Protection System Plan Sheets For Archiving. <input type="checkbox"/> Retrieval of Fire Plans <input type="checkbox"/> Copying of Letter / Legal Size Document <input type="checkbox"/> Technical Search