

CITY OF PLEASANTON-FIRE PROTECTION SYSTEM INSTALLATION & CONSTRUCTION PERMIT

City of Pleasanton has adopted 2012 IFC. Also submit all plans, specifications, license information or any other pertinent information.

JOB ADDRESS				
1.				
LEGAL	LOT NO.	BLOCK	TRACT	
2 DESC.				
PROPERTY OWNER		MAIL ADDRESS	CITY / STATE / ZIP	PHONE
3				
COMPANY NAME		MAIL ADDRESS	CITY / STATE / ZIP	PHONE LICENSE/REGISTRATION NO.
4				
CONTRACTOR NAME		MAIL ADDRESS	CITY / STATE / ZIP	PHONE LICENSE/REGISTRATION NO.
5				
ARCHITECT OR DESIGNER		MAIL ADDRESS	CITY / STATE / ZIP	PHONE LICENSE/REGISTRATION NO.
6				
ENGINEER		MAIL ADDRESS	CITY / STATE / ZIP	PHONE LICENSE/REGISTRATION NO.
7				
USE OF BUILDING				
8				
9 NATURE OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> OTHER				
10 INSTALLATION/CONSTRUCTION OF: <input type="checkbox"/> FIRE ALARM <input type="checkbox"/> SPRINKLER SYSTEM <input type="checkbox"/> STANDPIPE <input type="checkbox"/> VENT HOOD SUPPRESSION SYSTEM				
<input type="checkbox"/> CONTAINMENT/STORAGE DEVICE <input type="checkbox"/> OTHER EXTINGUISHMENT SYSTEM <input type="checkbox"/> EXPLOSION CONTROL DEVICE <input type="checkbox"/> OTHER				
11 DESCRIBE:				
PROPERTY & BUSINESS CHARACTERISTICS				
SPECIAL CONDITIONS:		(Please provide as much of the following as you are able. Some information can be obtained from the Permit Department. Attach additional sheets if needed.)		
		Occupancy Group-Div		
PERMIT EXPIRES ON: (SEE "NOTICE").		Type of Construction		
		Total Size Of Building sq. ft. ; <input type="checkbox"/> N/A (outdoor feat./device)		
		Min. Bldg. Setback ft. Front ; ft. Side ; ft. Rear		
		No. of Stories/Height(ft) / Feet		
NOTIFICATION: <input type="checkbox"/> TCEQ ; <input type="checkbox"/> TDSHS ; <input type="checkbox"/> OTHER: _____		Max Occupancy Load		
APPLICATION ACCEPTED BY:		Approved By:		
<p style="text-align: center;">NOTICE</p> <p>AN APPLICATION FOR A PERMIT FOR ANY PROPOSED WORK OR OPERATION SHALL BE DEEMED TO HAVE BEEN ABANDONED 180 DAYS AFTER THE DATE OF FILING, UNLESS SUCH APPLICATION HAS BEEN DILIGENTLY PROSECUTED OR A PERMIT SHALL HAVE BEEN ISSUED; EXCEPT THAT THE FIRE CODE OFFICIAL IS AUTHORIZED TO GRANT ONE OR MORE EXTENSIONS OF TIME FOR ADDITIONAL PERIODS NOT EXCEEDING 90 DAYS EACH. THE EXTENSION SHALL BE REQUESTED IN WRITING AND JUSTIFIABLE CAUSE DEMONSTRATED.</p> <p>I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. I ALSO UNDERSTAND THAT THE ISSUANCE OF SUCH PERMIT MAY REQUIRE PERIODIC INSPECTION, AND THAT SUCH INSPECTIONS MAY NOT BE ANNOUNCED.</p>		Fire Zone (Mandatory) <input type="checkbox"/> Primary ; <input type="checkbox"/> Secondary ; <input type="checkbox"/> N/A		
		Use Zone (Mandatory) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K		
		Rating of Fire Walls hours <input type="checkbox"/> N/A		
		Existing Protection Systems <input type="checkbox"/> Alarm ; <input type="checkbox"/> Sprinkler System		
		(Mark all that apply) <input type="checkbox"/> Standpipe: Class: <input type="checkbox"/> Other:		
		Vehicle Impact Protection <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
		Separation Distance (outdoor feat./device) <input type="checkbox"/> N/A ft. to nearest structure ft. to nearest property line		
		Placards: ID # _____ No. of placards: _____		
		<input type="checkbox"/> N/A ID # _____ No. of placards: _____		
		ID # _____ No. of placards: _____		
Special Approvals:				
SIGNATURE OF PROPERTY OWNER		DATE		
SIGNATURE OF CONTRACTOR		DATE		
		PERMIT ISSUING FEE: \$		
		WORK STARTED WITHOUT PERMIT: \$		
		TOTAL FEE: \$		

WHEN VALIDATED BELOW, THIS IS YOUR PERMIT. THIS PERMIT OR A COPY MUST BE POSTED ON SITE.

VALIDATION: CK. # _____ M.O. CASH CREDIT/DEBIT

APPROVED BY: _____

CITY OF PLEASANTON FIRE MARSHAL

DATE