



Central Fire District of Santa Cruz County
Community Risk Reduction Division
930 17th Avenue ▪ Santa Cruz, CA 95062 ▪ (831) 685-6698

FIRE PROTECTION SYSTEM PERMIT APPLICATION

DATE: _____ APN: _____
ADDRESS OF INSTALLATION: _____
CONTRACTOR: _____
PHONE: _____ EMAIL: _____
ADDRESS: _____ CITY: _____ ZIP: _____
LICENSE CLASS: _____ LICENSE #: _____

PERMIT FOR: **NEW** **ADDITION** **MODIFICATION**

- **SPRINKLER SYSTEM** OVERHEAD UNDERGROUND # of Heads: _____
 *Must include manufacturers' cut sheet & available pressure on water district letterhead (if public water) for all Overhead sprinkler plans.

 - **FIRE ALARM SYSTEM** CENTRAL STATION _____
 # of Devices: _____ REMOTE STATION _____
 *Must include manufacturers' cut sheet, CSFM Listings & Monitoring Contract.

 - **FIXED FIRE SYSTEM**
 *Must include manufacturers' cut sheet and CSFM Listings.

 - **OTHER:** _____
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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/AGENT SIGNATURE: _____ **DATE:** _____

Worker's Compensation Insurance Certification on file? Yes No
