## **Roseville Fire Department**

Date:		BD Number:				
Project Name:						
Proje	ect Address					
	<ul><li>☐ New Construction</li><li>☐ Commercial</li></ul>			☐Tenant Improvement ☐ Residential		
A P P L	Name:	me: Day Phone				
C	Address Fax or email					
A N T	City		Zip	Pager		
	Company Name:					
C	Contractor:		Phone		Fax	
	Address:		City:		Zip	
	Arch/Engineer:		Phone:		Fax ————————————————————————————————————	
	Address:		City:		Zip 	
	Owner/Lessee:			Phone		
	Address:		_ City:		_ Zip	
Construction/Building Code Classification						
Buildir	Building Construction Type: Occupancy Type:			on Used: UBC	UFC:	
<u>Civil I</u>	mprovement Civil Improvement	Number of Hudeoute	_	Other Compressed Gas System		
Number of Hydrants				☐ Haz Mat ☐ Medica Reinspections (2nd and 5		
New Commercial Fire Sprinkler System				Postage Fee(s)/Mailing/Handling		
	- 1 00 opinikier rieddo			Special Fire Plan Review Request Hood System		
ā	200 or more Sprinkler heads			Spray Booth		
		Total Number Heads		Fire Pump		
Tenant Improvement/Fire Sprinkler System				After Hour Inspection Fire Department Access (Knox)		
				·	Number of Devices	
	1-50 Sprinkler Heads 51 or more Sprinkler Heads			Halon & Other Special Ex Standpipe Plan Check	ktinguishing System(s)	
_	31 of more opinical freads	Total Number Heads		Standpipe i lan Check	Total Number of Risers	
	ot Splits/Subdivisions			Fire Flow Test		
	☐ 1-4 Lots ☐ 5-24 Lots			Smoke Management		
	25 or more Lots		Alarn	n Systems		
Total Number of Lots  ———————————————————————————————————						
Result	omittal t □ 2nd □ More		٥	Total Nu Flow and Tamper Alarm I	mber of Initiating Devices	

ALL APPLICABLE FEES MUST BE PAID AT TIME OF PLAN SUBMITTAL. BD NUMBER AND PROJECT STREET ADDRESS REQUIRED FOR ALL SUBMITTALS AND INQUIRIES.

## **Licensed Contractor's Declaration**

	nder penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 3 of the Business and Professions Code, and my license is in full force and effect.				
License Class: License Number: License Expiration Date:					
City Business Lic	ense Number: Contractor's Signature:				
Workers' Compensation Declaration					
I hereby affirm under penalty of perjury one of the following declarations:					
	I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.				
I have and will maintain workers' compensation insurance as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:					
Carrier: Policy Number:					
(This section need not be completed if the permit is for one hundred dollars (\$100.00) or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.					
Date:	Applicant's Signature:				
WARNING:	Failure to secure worker's compensation coverage is unlawful, and shall subject an employer to criminal penalties and civil fines up to one hundred thousand (\$100,000), in addition to the cost of compensation, damages as provided for in Section 3706 of the Labor Code, interest, and attorney's fee.				