



Salinas Fire Department 200 Lincoln Avenue Salinas, CA 93901

Office (831)758-7466 Email: FirePrevention@ci.salinas.ca.us

Office Hours: Monday - Friday: 9am - 4pm



FIRE PROTECTION PERMIT & PLAN CHECK APPLICATION

- ☐ Residential ☐ Commercial ☐ Building Permit #B _____
☐ Revision to Permit #REV _____
☐ Standalone Permit #FIR _____

Application Date: _____

Project Name: _____

Project Address: _____ Suite _____ Zip _____

Square Ft of Project Area _____

CONTRACTOR INFORMATION

Name: _____

Address: _____ City/Zip _____

Phone: _____ Fax _____

Contact Person: _____ Office Phone: _____

Cell: _____ E-mail: _____

Work done in the City requires a CITY OF SALINAS BUSINESS LICENSE

ALL LICENSE INFORMATION IS SUBJECT TO VERIFICATION

CITY OF SALINAS Business License #: _____ Expiration Date: _____

STATE Contractor License #: _____ Type: _____ Expiration Date: _____

☐ UNDERGROUND ☐ SPRINKLER ☐ FIRE ALARM ☐ OTHER _____

Application is hereby made for a plan approval as follows:

☒ Applicant Check Type of Plan **Indicate number of devices, appliances, linear feet, etc.		Office Use FEE
☐ PERMIT APPLICATION FEE (payable upon release of approved plans)		\$
☐ UNDERGROUND FIRE SERVICE- Fire Hydrant _____ Fire Sprinkler _____ How many linear feet? _____		
☐ AUTOMATIC FIRE SPRINKLER SYSTEM - # of Risers: _____ # of Heads Per Riser: _____ Alterations - # of Risers: _____ # of Heads Per Riser: _____		
☐ SPECIALIZED FIRE SPRINKLER SYSTEM - # of Risers: _____ # of Heads Per Riser: _____ Dry System _____ Pre-Action System _____ Deluge Water System _____ Other _____		
☐ OTHER FIRE PROTECTION Fire Pump _____ Standpipe _____		
☐ ALTERNATIVE AUTOMATIC FIRE EXTINGUISHING SYSTEMS- Hood & Duct _____ Other _____ Flow Points _____		
☐ FIRE ALARM SYSTEMS - No. Initiating Devices _____ No. of Notification Appliances _____ Comm. Equip. Replacement _____		
☐ AUTOMATIC FIRE DETECTION SYSTEMS - Number of Devices: _____		
☐ SPECIALIZED GAS DETECTION SYSTEMS - Type: _____		
☐ WATERFLOW - Number of Devices: _____		
☐ OTHER _____		
ADDITIONAL PLAN REVIEW SERVICES		
# of Large Plan Sheets _____	Additional Description _____	
# of cut/spec. sheets (8x11) _____		
	Fire Inspection _____	
Plan Check 1st Revision _____	Consultation _____	
Plan Check 2nd Revision _____	Alternate Materials or Method Request _____	
Plan Check 3rd Revision & Sub-sequent Revisions _____		
5% Technology Surcharge _____		
SUB-TOTAL FEES		\$
I ATTEST THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.		
Applicant's Name (PRINT): _____		Applicant's Signature: _____
OFFICE USE ONLY:		Check #: _____
Plan Checked By: _____		Credit Card Convenience Fee: \$ _____
Date Plan Check Completed _____		Cash \$ _____
Date Issued: _____		Total: \$ _____