



APPLICATION FOR CONSTRUCTION PERMIT

COMMERCIAL SPRINKLER / STANDPIPE / HOSE RACK / FIRE PUMP

SAN BERNARDINO COUNTY FIRE PROTECTION DISTRICT COMMUNITY SAFETY DIVISION

San Bernardino Office
385 N. Arrowhead Ave., 1st Floor
San Bernardino, CA 92415-0187
Phone (909) 386-8400
Fax (909) 387-3249
Hours: 8:00 am – 5:00 pm M-F

North Desert Office
15900 Smoke Tree St. Suite 131
Hesperia, CA 92345-3222
Phone (760) 995-8190
Fax (760) 995-8205
Hours: 8:00 am – 5:00 pm M-F

Victorville Office
14343 Civic Drive, P.O. Box 5001
Victorville, CA 92392
Phone (760) 955-5227
Fax (760) 269-0020
Hours: 7:30 am – 5:30 pm M-TH

South Desert Office
58928 Business Center Dr.
Yucca Valley, CA 92284
Phone (760) 995-8190
Fax (760) 995-8205
Hours: 8:30 am to 4:00 pm Tues

WEBSITES: SB County: www.sbcfire.org City of Victorville: ci.victorville.ca.us

APPLICANT INFORMATION

Pursuant to Business and Professions Code §7031.5, and San Bernardino County Fire Protection District Ordinance (SBCFPDO) §12, only a contractor, licensed by the State of California to perform the type of work proposed in the permit application, may apply for and be issued, a construction permit required pursuant to Section 105.7 et seq. of the California Fire Code. Any change of contractor named to conduct the permitted work shall require that a new permit be issued.

| | | | | | | | |
|--------------|------------|-----------------|--|--|----------------|-------|----------|
| CONTRACTOR | | MAILING ADDRESS | | | CITY | STATE | ZIP CODE |
| PHONE NUMBER | FAX NUMBER | EMAIL ADDRESS | | | LICENSE NUMBER | | |

PROJECT INFORMATION

| | | | | | | | |
|--------------------------------|----------------|-------------|------------|-------------------|----------------------|--------------|----------|
| PROJECT NAME | | ADDRESS | | | CITY / COMMUNITY | | ZIP CODE |
| ASSESSOR'S PARCEL NUMBER (APN) | SQUARE FOOTAGE | # OF RISERS | # OF HEADS | # OF EXIST. HEADS | CONTRACTOR PROJECT # | CONTACT NAME | |

Plans will not be accepted without the following:

- | | | |
|-----------------------------|--------------------------------------|---|
| 1. Three sets of plans | 3. Assessor's parcel number on plans | 5. Signed architect/contractor/engineer's stamp |
| 2. Project address on plans | 4. Flow test and calculations | 6. Cut sheets for new devices |

NEW NFPA 13 COMMERCIAL SPRINKLER SYSTEM (Per Building / First Riser)

| | | |
|---|-------------|---|
| <input type="checkbox"/> 1 to 10,000 sq. ft. | \$ 1,215.00 | RISER INSPECTION FEE (if more than one riser) <input type="checkbox"/> Each Additional Riser \$ 378.00 x _____ = _____ |
| <input type="checkbox"/> 10,001 to 25,000 sq. ft. | \$ 1,384.00 | |
| <input type="checkbox"/> 25,001 to 52,000 sq. ft. | \$ 1,552.00 | |
| TOTAL FEE = \$ | | This fee includes 5 inspections |

MODIFICATION TO COMMERCIAL SPRINKLER SYSTEM

| | | |
|--|------------------------------|--|
| <input type="checkbox"/> 1 to 25 sprinkler heads | \$ 733.00 | |
| <input type="checkbox"/> 26 to 50 sprinkler heads | \$ 846.00 | |
| <input type="checkbox"/> 51 to 75 sprinkler heads | \$ 958.00 | |
| <input type="checkbox"/> 76 to 100 sprinkler heads | \$ 1,070.00 | |
| <input type="checkbox"/> Each additional 1-25 heads (over 100) | \$ 100.00 x _____ = \$ _____ | |
| TOTAL FEE = \$ | | This fee includes 3 inspections |

STANDPIPE SYSTEM & HOSE RACK (Not part of a sprinkler system)

| | | |
|--|------------------------------|--|
| <input type="checkbox"/> 1-5 Hose Racks/Standpipes | \$ 1,201.00 | |
| <input type="checkbox"/> 6-10 Hose Racks/Standpipes | \$ 1,622.00 | |
| <input type="checkbox"/> Each addt'l Hose Rack/Standpipe | \$ 145.00 x _____ = \$ _____ | |
| TOTAL FEE = \$ | | This fee includes 2 inspections |

COMMERCIAL FIRE PUMP

| | | |
|---|------------------------------|--|
| <input type="checkbox"/> Plan Review (per pump) | \$ 794.00 x _____ = \$ _____ | |
| <input type="checkbox"/> Inspection (per hour) | \$ 204.00 x _____ = \$ _____ | |
| TOTAL FEE = \$ | | |

REVISIONS / AS-BUILTS / RESUBMITTALS

| | |
|---|---------------|
| <input type="checkbox"/> RESUBMITTAL (Each subsequent submittal after 2 nd review) | \$155.00/hour |
| <input type="checkbox"/> REVISION / AS-BUILT | \$427.00 |
| Make check or money order payable to CITY OF VICTORVILLE | |

CERTIFICATION

Pursuant to Business and Professions Code §7031.5, and SBCFPDO §12, I certify that I, the Applicant, Am licensed by the State of California to perform the work proposed in this application under the Contractor License Number listed above and that my license is in full force and effect or Am exempt from these contractor licensure and submittal requirements pursuant to Business and Professions Code §7040 – 7054.5.

| | | |
|--|------------------------|------|
| SUBMITTED BY (please print Contractor's full name) | CONTRACTOR'S SIGNATURE | DATE |
|--|------------------------|------|