

Submittal Date _____ Permit # _____ PI Ck # _____

Project Address _____ Suite _____ APN _____

Business Name/Project _____

SELECT PERMIT TYPE:

FIRE ALARM MONITORING SYSTEM

Fire Alarm _____ # Devices *

FIRE SPRINKLER SYSTEM

Commercial New _____ # Heads *

Commercial Alteration _____ # Heads *

SFR / Duplex (R-3 / 3.1) New _____ # Heads *

SFR / Duplex (R-3 / 3.1) Alteration _____ # Heads *

OTHER PROTECTION SYSTEMS *(select only one)*

- | | | |
|---|--|--|
| <input type="checkbox"/> Clean Agent Gas System (FM200) | <input type="checkbox"/> Hydrant / Underground Fireline (repair) | <input type="checkbox"/> CFC Other |
| <input type="checkbox"/> Fire Standpipe System | <input type="checkbox"/> Kitchen Hood Suppression System | <input type="checkbox"/> Tent/Canopy |
| <input type="checkbox"/> Hydrant Flow Test (existing hydrant) | <input type="checkbox"/> Paint Spray Booth | <input type="checkbox"/> State FM Inspection |

CONTACT INFORMATION *(*Mandatory Fields)*

Contractor's Name* _____ State Lic # * _____

Mailing Address _____ City Bus Lic # * _____

Email Address _____ Phone* _____

Applicant's Name* _____

Mailing Address _____

Email Address _____ Phone* _____

Engineer/Architect _____ State Lic # _____

Mailing Address _____

Email Address _____ Phone* _____

Owner's Name _____

Mailing Address _____

Email Address _____ Phone* _____

I, the undersigned, understand approval of this project does not waive any requirements, laws, or ordinances of the City of Ventura. All statements contained herein, including all documents and plans submitted in connection with this application, are true and accurate to the best of my knowledge.

Signature of Applicant/Owner _____ Date _____

This document is available in alternate formats by calling the City of Ventura at 805/658-4717 or by contacting the California Relay Service.