



Aptos/La Selva Fire Protection District

6934 Soquel Drive ▪ Aptos, CA 95003
Phone # 831-685-6690 ▪ Fax # 831-685-6699

PERMIT APPLICATION

DATE: _____ APN: _____

ADDRESS OF INSTALLATION: _____

CONTRACTOR: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

LICENSE CLASS: _____ LICENSE #: _____

PERMIT FOR: NEW ADDITION MODIFICATION

SPRINKLER SYSTEM: OVERHEAD UNDERGROUND

***Must include manufacturers' cut sheet for all Overhead sprinkler plans.**

FIRE ALARM SYSTEM: CENTRAL STATION _____

REMOTE STATION _____

***Must include manufacturers' cut sheet and CSFM Listings & Monitoring Contract**

FIXED FIRE SYSTEM:

***Must include manufacturers' cut sheet and CSFM Listings**

OTHER: _____

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: _____

Worker's Compensation Insurance Certification on File? Yes No

SUB-CONTRACTOR

If you plan to utilize a sub-contractor as part of this permit, please include the following:

CONTRACTOR: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

LICENSE CLASS: _____ LICENSE #: _____

I hereby affirm the above named subcontractor is properly licensed under applicable provisions of the California Business and Professions Code and license is in full force and effect.

Worker's Compensation Insurance Certification on File? Yes No

I certify that I have read this application and state that the above information is correct. I agree to comply with all district and county ordinances, district, county and state laws regulating to building construction, fire and life safety requirements and hereby authorize representatives of the District to enter upon the above mentioned property for inspection purposes.

APPLICANT OR AGENT _____ DATE _____

APPROVED FOR ISSUANCE:

PERMIT#: _____ FEE: _____ DATE: _____ INITIALS: _____