



# APPLICATION FOR FIRE DEPARTMENT PERMIT

Glendale Fire Department - Fire Prevention Bureau  
633 E. Broadway, Suite 101, Glendale, CA 91206 Phone: ( 818 ) 548-3207 Fax: ( 818 ) 548-3215  
www.glendalefire.org

## TO THE FIRE CHIEF:

Application is hereby made by the undersigned for a permit as described below. All conditions surrounding this application to be in accordance with the Glendale Building & Safety Code. A fee must accompany this application unless exempt.

Date: \_\_\_\_\_

### Applicant Information

COMPANY: \_\_\_\_\_ CONTRACTOR'S LIC. # \_\_\_\_\_ EXP. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CLASSIFICATION: \_\_\_\_\_  
CITY BUSINESS LIC.# \_\_\_\_\_ EXP. \_\_\_\_\_  
PHONE: \_\_\_\_\_ [FOR FIRE ALARM ONLY] UL LISTING # \_\_\_\_\_  
FAX: \_\_\_\_\_ APPLICANT'S NAME \_\_\_\_\_  
E-MAIL \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_

### Project Information

PROJECT OR BUSINESS NAME: \_\_\_\_\_  
PROJECT ADDRESS: \_\_\_\_\_ SUITE # \_\_\_\_\_

Check applicable boxes:

- |                                      |                                     |  |
|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> New         | <input type="checkbox"/> Sprinklers | <input type="checkbox"/> Special / Hood Extinguishing System |
| <input type="checkbox"/> Removal     | <input type="checkbox"/> UST / AST  | <input type="checkbox"/> Landscape / Fuel Modification       |
| <input type="checkbox"/> Alterations | <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Other                               |

Description of proposed work. For installation of fire protection systems, include list of each component type and quantity. Use of hazardous materials requires completion of additional forms.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### STAFF USE ONLY

OK To Sub. \_\_\_\_\_  OK to Issue \_\_\_\_\_ UL:  Y  N PC / Permit No. \_\_\_\_\_  
CSR submittal \_\_\_\_\_ CSR issuance \_\_\_\_\_ Receipt No. \_\_\_\_\_ FEE: \_\_\_\_\_  
Box No. \_\_\_\_\_ Item No. \_\_\_\_\_ OR:  FP / EMC  FPA  \_\_\_\_\_  
Permit Expiration \_\_\_\_\_