

CITY OF TRACY DEVELOPMENT SERVICES

333 Civic Center Plaza Tracy, CA 95376 Phone (209) 831-6400 Fax (209) 831-6439 plancheck@cityoftracy.org

SOUTH SAN JOAQUIN COUNTY FIRE AUTHORITY COMMUNITY RISK REDUCTION DIVISION

835 N. Central Ave. Tracy, CA 95376 Phone (209) 831-6707 fire.plancheck@sjcfire.org



Build Inside the Triangle™

Building Permit #:	Fire Permit #:

BUILDING & FIRE CONSTRUCTION PERMIT APPLICATION

(PLEASE PRINT CLEARLY)

In order to prevent delays in processing the application, please complete all boxes on this application.

Incomplete applications may be rejected or delayed for processing.

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Project Address:			[] Residential [] (Commercial
Does the project have a suite number(s)? [] Yes [] No [] Unsure	Unit / Suite #(s):	Assessors' Parcel Number	(APN):	
Scope of Work:				
Valuation:	Estimated Pr	oject Completion Date:		
Square Footage:	Construction	Туре:	Occupancy Type:	
CONTACT INFORMATION				
PROPERTY OWNER		CONTRACTOR		
Name:		Company:		
		CLSB #:	Bus. Lic. #:	
Address:		Address:		
City & State:	Zip:	City & State:	7	ip:
Phone #:		Phone #:		
E-Mail:		E-Mail:		
DESIGNER/ARCHITECT		ENGINEER OF RECORD		
Name:		Name:		
Address:		Address:		
City & State:	Zip:	City & State:	Zi	p:
Phone #:		Phone #:		
E-Mail:		E-Mail:		
TENANT		APPLICANT		
Name:		Name:		
Address:		Address:		
City & State:	Zip:	City & State:	Zi	p:
Phone #:		Phone #:		
E-Mail:		E-Mail:		

ACKNOWLEDGEMENT

As the Applicant of this project, I agree to the following:

- 1.) The owner of the referenced property is aware of the proposed work and authorizes the submittal of this application for construction permit.
- 2.) I acknowledge that prior to any review, plan review fees must be paid at each Division separately. It is my responsibility to contact each Division to make payment arrangements.
- 3.) Any plan review becomes null and void after ONE HUNDRED EIGHTY (180) days of inactivity by the applicant to respond to plan review corrections.
- 4.) The information and statements given on this application, construction drawings and specification are true and correct, to the best of my knowledge.

Applicant Signature:	Date:



BUILDING SAFETY DIVISION SUPPLEMENTAL

FIXTURE/EQUIPMENT COUNT WORKSHEET

PLEASE COMPLETE THIS PAGE PRIOR TO SUBMITTAL

Name:	Building Permit #:
Job Address:	

ELECTRICAL: # Commercial Appliance Electric Generator Electric Meter Junction Box Mechanical Generator/Rides Misc. Conduits & Conductors Pools Receptacles
Electric Generator Electric Meter Junction Box Mechanical Generator/Rides Misc. Conduits & Conductors Pools
Electric Meter Junction Box Mechanical Generator/Rides Misc. Conduits & Conductors Pools
Junction Box Mechanical Generator/Rides Misc. Conduits & Conductors Pools
Mechanical Generator/Rides Misc. Conduits & Conductors Pools
Misc. Conduits & Conductors Pools
Pools
7.55.5
Recentacles
Receptacies
Residential Appliance
Service >1000A
Service Change
Service<200A
Service>200A-1000A
Signs & Marquees
Spa Hookup
Sub Panel
Switches
System/Booth Light
Temporary Power Pole
MECHANICAL: #
A/C Window Units
Appliance Vents
Compressor
Compressor over 3 Tons
Evaporative Coolers
Exhaust Fans
Fireplace Vent
Forced Air/Gravity over 100K
Forced Air/Gravity to 100K
Furnace – Floor or Wall
Heat Pumps
Repair/Addition to Appliance

PLUMBING:	#
Automatic Washer	
Automatic Water heater	
Cesspool	
Clean Out	
Drain Line	
Fixtures & Vents	
Gas Line – 1 st 5 Outlets	
Rain Water System/Per Drain	
Gas Meter	
Gas Piping 1 to 5 Outlets	
Grease Trap	
Lavatories	
Laundry Tray/Bar Sink	
Lawn Sprinklers	
Private Spas	
Private Pools	
Repair / Alter Drain Vent	
Public Pools	
Public Spas	
Replumb	
Sewer Line	
Showers	
Sinks – Kitchen	
Tub/Shower with Tub	
Vacuum Breaker (Dishwasher)	
Water Closet	
Water Heater	
Water Line / Piping/Repair	
Water Softener	
Floor Cleanouts	
Floor Drain	
Floor Sink	

SOUTH SAN JOAQUIN COUNTY FIRE AUTHORITY

SUPPLEMENTAL INFORMATION WORKSHEET

This form must be completed for all commercial fire submittals.

This does NOT include projects related to residential one or two-family dwellings or townhouses.

For these specific projects, do NOT complete page 3.

		Fire Permit #:			
Job Addı	ress:				
Scope of	Work:				
<u> </u>					
[] New	Construction [] Tenant Improvement [] Addition	[] Access			
[] Fire Sprinklers [] Fire Alarm [] Hood/Duct		t [] Underground Fire Service			
[] Water Tank [] Fire Pump [] Sola		[] Other (specify):			
	Occupant Load: # of Units:				
Building Status: [] Occupied & Secure [] Under Construction [] Vacant & Secure					
PROJECT DATA	Building Height: Number of Floors:	Basement Present: [] Y [] N			
	Width (feet): Length (ft):				
	HazMat Stored: [] Y [] N Chemicals Stored: [] Y [] N High-Piled Storage: [] Y [] N			
Is there a current fire sprinkler system in place? [] Y [] N Type of system:					
<u>RS</u>	Is this application for a new fire sprinkler system? [] Y	[] N How many heads:			
<u>FIRE</u> SPRINKLERS	Is this application to add/replace sprinklers? [] Y	[] N How many heads:			
SPR	How many new private hydrants:	How many new risers:			
	Water Source: [] Municipal [] Private Is there a tank onsite? If yes, list gallons:				
	Is there a current fire alarm system in place? [] Y	ſ 1N			
FIRE ALARMS	Is this application for a new fire alarm system? [] Y				
	Is this application to add/replace devices? [] Y	<u> </u>			
HIGH	Separate questionnaire required to be completed. Contact fire.plancheck@sicfire.org or visit our website at https://www.sicfire.org	ire.org/ to obtain.			