



PERMIT # _____

**Alameda County Fire Department
Bureau of Fire Prevention****FIRE CODE REGULATED ACTIVITY/USE
APPLICATION and PERMIT** Dublin Emeryville Newark San Leandro Unincorporated Alameda County Union City

Application Date: _____

Type of Permit Requested: _____ Activity Date(s): _____

Activity Location: _____ City: _____

ORGANIZATION/INDIVIDUAL MAKING APPLICATON

Name: _____ Telephone: _____

Address/City/State/Zip: _____

Contact Person: _____ Telephone: _____ Email / Fax: _____

CONTRACTOR INFORMATION (if applicable) ATTACH COPY OF WORKER'S COMP AND BUSINESS LICENSE

Company Name: _____ License Type/Number: _____

Address/City/State/Zip: _____

Contact Person: _____ Telephone: _____ Email / Fax: _____

DESCRIPTION OF ACTIVITY TO BE PERFORMED: Attach copies of required listings, certificates, licenses, property owner approval (if different from applicant), etc. to fully explain activity, project, or authorization.

All permits issued by the Fire Department shall be presumed to contain the proviso that the applicant, his agents and employees, shall carry out the proposed activity in compliance with all the requirements of the fire code and any other laws or regulations applicable thereto, whether specified or not, and in complete accordance with the approved plans, specifications, and conditions of approval.

This permit shall not be construed as authority to cancel, violate or set aside any provisions of the fire code, State and any other laws or regulations applicable thereto; nor, shall this permit take the place of any license or other regulatory permits required by law. Permits are not transferable and any change in the use, occupancy, operation, activity, or ownership shall require a new permit. Permits may be suspended or revoked for cause at any time.

I have read the above and acknowledge and agree to abide by the requirements and conditions of this permit. I also affirm all information that is provided as a part of this permit application is true and correct.

Signature of Applicant

Date

- Fire Department Office Use Only -**APPROVALS:**

Plan Check:

Rejected Date/By: _____ Cont. Notified: _____ Rejected Date/By: _____ Cont. Notified: _____

[] APPROVAL CONDITIONS ATTACHED

PERMIT APPROVED BY: _____

DATE: _____ EXPIRATION: _____

PERMIT NOT VALID WITHOUT APPROVAL SIGNATURE

FEES DUE: _____	Date Paid: _____	Comments: _____
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Plans Received: _____	Date Due: _____	Plans Received: _____	Date Due: _____
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