



SAN RAMON VALLEY FIRE PROTECTION DISTRICT

APPLICATION FOR OPERATIONAL PERMIT

PERMIT LOCATION INFORMATION

Enter the information for the location needing the permit

LOCATION BUSINESS NAME		APN
LOCATION ADDRESS	CITY	ZIP

APPLICANT INFORMATION

APPLICANT NAME	BUSINESS NAME	
APPLICANT EMAIL ADDRESS	APPLICANT PHONE	
APPLICANT ADDRESS	CITY	ZIP

REQUESTED PERMIT

	EVENT/WORK START DATE	EVENT/WORK END DATE
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PROVIDE DESCRIPTION AND DETAILS OF THE REQUESTED PERMIT

Please include any supporting documents with your permit application which may include, site plan, materials list, and floor plan. Applications should be submitted at least 14 days in advance to allow for review of application.

I hereby certify that I have read and examined this application and know that the information contained herein is true and correct. I also certify that I am the owner or owners authorized agent of this property and that all work shall be performed in accordance with all state and local laws regulating the project. I understand that failure to comply with such laws or the submission of inaccurate information may result in citation and fines.

APPLICANT SIGNATURE	DATE
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OFFICE USE ONLY

PERMIT TYPE	PERMIT FEE	DATE FEE PAID
	INSPECTION FEES	DATE FEE PAID