



# OPERATIONAL FIRE PERMIT APPLICATION

PAID

Applicant's Name:

Applicant's Business Name:

Phone:

Address:

City:

State:

Zip:

Permit Address:

Permit Description:

Fee Amount

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

**\$278**  
\_\_\_\_\_  
\_\_\_\_\_

Make check payable to the San Mateo Consolidated Fire Department \_\_\_\_\_ Total

I, the undersigned, have read the permit conditions and do hereby declare under penalty of perjury, that all of the foregoing information is complete and accurate to the best of my knowledge. I grant permission to the San Mateo Consolidated Fire Department to perform all Fire Department inspections as required and will comply with said conditions of the permit. Upon acceptance of the permit, I hereby agree to comply with all ordinances now adopted or that may be hereby adopted.

Owner/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### For Fire Department Use Only

Approved, Date: \_\_\_\_\_  Not Approved, Date: \_\_\_\_\_

Permit Issued and Approved by: \_\_\_\_\_ Fees Received Amount: \_\_\_\_\_

Submittal Information Received:

Special Conditions of Permit:

- Plans       Workers' Comp. Info.
- Health Dept. Approval       Other