



Build Inside the Triangle™

**CITY OF TRACY
COMMUNITY & ECONOMIC
DEVELOPMENT**

333 Civic Center Plaza
Tracy, CA 95376
Phone (209) 831-6400
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



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.*

GENERAL INFORMATION

Project Address:		<input type="checkbox"/> Residential <input type="checkbox"/> Commercial	
Does the project have a suite number(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		Unit / Suite #(s):	Assessors' Parcel Number (APN):
Scope of Work:			
Valuation:		Estimated Project Completion Date:	
Square Footage:		Construction Type:	Occupancy Type:

CONTACT INFORMATION

PROPERTY OWNER	CONTRACTOR
Name:	Company:
	CSLB #: Bus. Lic. #:
Address:	Address:
City & State: Zip:	City & State: Zip:
Phone #:	Phone #:
E-Mail:	E-Mail:
DESIGNER/ARCHITECT	ENGINEER OF RECORD
Name:	Name:
Address:	Address:
City & State: Zip:	City & State: Zip:
Phone #:	Phone #:
E-Mail:	E-Mail:
TENANT	APPLICANT
Name:	Name:
Address:	Address:
City & State: Zip:	City & State: Zip:
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:



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 Address:

Scope of Work:

<input type="checkbox"/> New Construction	<input type="checkbox"/> Tenant Improvement	<input type="checkbox"/> Addition	<input type="checkbox"/> Access
<input type="checkbox"/> Fire Sprinklers	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Hood/Duct	<input type="checkbox"/> Underground Fire Service
<input type="checkbox"/> Water Tank	<input type="checkbox"/> Fire Pump	<input type="checkbox"/> Solar	<input type="checkbox"/> Other (<i>specify</i>):

PROJECT DATA	Occupant Load: _____		# of Units: _____	
	Building Status: <input type="checkbox"/> Occupied & Secure <input type="checkbox"/> Under Construction <input type="checkbox"/> Vacant & Secure			
	Building Height: _____		Number of Floors: _____	
			Basement Present: <input type="checkbox"/> Y <input type="checkbox"/> N	
	Width (feet): _____		Length (ft): _____	
	HazMat Stored: <input type="checkbox"/> Y <input type="checkbox"/> N		Chemicals Stored: <input type="checkbox"/> Y <input type="checkbox"/> N	
	High-Piled Storage: <input type="checkbox"/> Y <input type="checkbox"/> N			

FIRE SPRINKLERS	Is there a current fire sprinkler system in place? <input type="checkbox"/> Y <input type="checkbox"/> N		Type of system: _____	
	Is this application for a new fire sprinkler system? <input type="checkbox"/> Y <input type="checkbox"/> N		How many heads: _____	
	Is this application to add/replace sprinklers? <input type="checkbox"/> Y <input type="checkbox"/> N		How many heads: _____	
	How many new private hydrants: _____		How many new risers: _____	
	Water Source: <input type="checkbox"/> Municipal <input type="checkbox"/> Private		Is there a tank onsite? If yes, list gallons: _____	

FIRE ALARMS	Is there a current fire alarm system in place? <input type="checkbox"/> Y <input type="checkbox"/> N	
	Is this application for a new fire alarm system? <input type="checkbox"/> Y <input type="checkbox"/> N	How many devices: _____
	Is this application to add/replace devices? <input type="checkbox"/> Y <input type="checkbox"/> N	How many devices: _____

HIGH PILED	Separate questionnaire required to be completed. Contact fire.plancheck@sjcfire.org or visit our website at https://www.sjcfire.org/ to obtain.
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