



Build Inside the Triangle™

**CITY OF TRACY  
COMMUNITY & ECONOMIC  
DEVELOPMENT**  
333 Civic Center Plaza  
Tracy, CA 95376  
Phone (209) 831-6400  
[plancheck@cityoftracy.org](mailto: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](mailto: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:	[ ] 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 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 (specify):

<b>PROJECT DATA</b>	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

<b>FIRE SPRINKLERS</b>	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:

<b>FIRE ALARMS</b>	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:

<b>HIGH PILED</b>	Separate questionnaire required to be completed. Contact <a href="mailto:fire.plancheck@sjcfire.org">fire.plancheck@sjcfire.org</a> or visit our website at <a href="https://www.sjcfire.org/">https://www.sjcfire.org/</a> to obtain.		
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