



PERMIT # \_\_\_\_\_

**Alameda County Fire Department  
Bureau of Fire Prevention**

**FIRE CODE REGULATED ACTIVITY/USE  
APPLICATION and PERMIT**

Dublin     Newark     San Leandro     Unincorporated Alameda County     Union City

Application Date: \_\_\_\_\_

Type of Permit Requested: \_\_\_\_\_ Activity Date(s): \_\_\_\_\_

Activity Location: \_\_\_\_\_ City: \_\_\_\_\_

**ORGANIZATION/INDIVIDUAL MAKING APPLICATION**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ 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: \_\_\_\_\_ Phone #: \_\_\_\_\_ 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: \_\_\_\_\_

Plans Received: \_\_\_\_\_ Date Due: \_\_\_\_\_ Plans Received: \_\_\_\_\_ Date Due: \_\_\_\_\_