



SOUTH SAN JOAQUIN COUNTY FIRE AUTHORITY

Community Risk Reduction Division
835 Central Avenue
Tracy, CA 95376
Telephone: (209) 831-6707
FAX (209) 831-6703

OPERATIONAL FIRE PERMIT APPLICATION

Welcome to the South San Joaquin County Fire Authority. This handout is to assist you in preparing your application for review. To initiate the review process, an operational fire permit application must be complete and submitted for review and approval. All fees are required to be paid at time of submittal, and incomplete submittals will not be accepted.

Operational Fire Permits are required under the California Fire Code, Section 105 as adopted by the City of Tracy. Operational fire permits, when issued, allows the applicant to legally conduct the operation or business permitted for a period of 12-months (**permits shall be renewed annually**). These permits have been established to provide a focused survey and inspection of the operation and/or building to help ensure minimum fire and life safety requirements are maintained at an acceptable level.

The following information is required in order to process your application (type or fill out in pen only):

Submittal Instructions:

1. Complete the entire application (**incomplete application will not be accepted**)
2. Submit or mail application and permit fee to the South San Joaquin County Fire Authority

🔑 If application is the first or initial application, include the following:

- a. Dimensioned/scaled floor plan and site plan
- b. Written description of operation(s)/facility being permitted
- c. Hazardous materials inventory statement (if applicable)

Note: Depending on the complexity of the project it may be necessary to hire a licensed design professional.

3. The permit application will be reviewed for compliance with applicable standards and regulations, and then an inspection of the permitted operation in the occupancy will occur. Upon correction of any deficiencies, the permit will be mailed to you.
4. Additional information may be required (including but not limited to construction documents from a license design professional).

Business Information

Business Name: _____ Assessors' Parcel Number: _____ City Business License #: _____
 Site Address: _____ City: _____ State: _____ Zip: _____
 Occupancy Classification: _____ Proposed Use: _____

Applicant/Agent (Please Print): _____

APPLICANT SIGNATURE: _____ **DATE:** _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Fax: _____

Cell #: _____ Email: _____

Property Owner (Please Print): _____

OWNERS SIGNATURE: _____ **DATE:** _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Fax: _____

Cell #: _____ Email: _____