



South San Joaquin County Fire Authority

Community Risk Reduction Division

835 N Central Avenue Tracy, CA 95655 Phone: (209) 831-6700 Fax: (209) 831-6703

APPLICATION FOR TEMPORARY PERMIT

Please submit to fire.plancheck@sjcfire.org

PERMIT LOCATION INFORMATION	
Business Name:	Assessor Parcel No.
Site Address:	City Business License:

PROPERTY OWNER	
Name:	Phone:
Address:	Email:
Owner Signature:	Date:

APPLICANT INFORMATION		
Name:	Phone:	Email:
Mailing Address:		
Bill to Company/Person (If Different): Same as Above	Billing Email (if different):	

SELECT THE PERMIT TYPE:
Permit
Christmas Tree Sales - <i>Tents will require a separate application to be completed with this form</i>
Fireworks Booth
Fireworks Storage Container

EVENT INFORMATION:	
Event Start Date:	Event End Date:
Provide description and details of the event:	

I hereby certify that I have read and examined this application and know that the information contained herein is true and correct. I also certify that I am the owner or owners authorized agent of this property and that all work shall be performed in accordance with all state and local laws regulating the project. I understand that failure to comply with such laws or the submission of inaccurate information may result in citation and fines.

Applicant Signature	Date:
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