Title 19
Application Packet

Title 19 – 5 Year Sprinkler Testing
Title 19 – Annual Fire Pump Testing
Application for Fire Permit
Title 19 – Five Year Test

Submitted by: ___________________________ Phone: __________________________

Building Owner(s): ___________________________ Phone: (___) __________________

Owner(s) Address: ___________________________ E-Mail: __________________________

Agent for Owner: ___________________________ Phone: (___) __________________

Agent’s Address: ___________________________ E-Mail: __________________________

Project Address: # ______ Street

Tenant’s Name: ___________________________

CONTRACTOR PERFORMING WORK

Contractor Name: ___________________________ Phone: (___) __________ E-Mail: __________

Street Address: ___________________________ City __________ State __ Zip __________

State License Number: __________ License Class: __________ Expiration Date: __________

City of Paso Robles Business License Number: ___________________________

REQUESTED TEST DATE: __________ ALTERNATE DATE: __________

FOR OFFICIAL USE ONLY:
APPLICATION RECEIVED BY: ___________________________ DATE: __________

Permit No. F __________

Date Scheduled: __________

Revised July 16, 2019
Device Fee Calculation

Number of Sprinkler Risers with an FDC
Number of Sprinkler Risers without an FDC
Commercial Fire Sprinkler Pumps
Number of Private Fire Hydrants
Number of Standpipes
Total number of Devices at $211
Total number of Devices at $159
Permit Total

LEGAL DECLARATION

I hereby affirm under penalty of perjury that I am licensed under the provisions of Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code, and my license is in full force and effect.

License Number: ___________________________ License Class: ___________________________ Contractors' Name: ___________________________

WORKERS COMPENSATION DECLARATION:

I hereby affirm under penalty of perjury one of the following declarations:

☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier ___________________________ Policy Number ___________________________

☐ I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date: ___________________________ Applicant Signature: ___________________________

WARNING: FAILURE TO SECURE WORKERS COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS ($100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEYS FEES.

NOTICE:

☐ I hereby agree to save, indemnify and hold harmless the City of El Paso de Robles and its officers, employees and agents against all liabilities, judgments, costs and expenses which may in any way accrue against the City of El Paso de Robles in consequence of the granting of this permit, and will in all things strictly comply with the conditions of the Permit, Regulations and ordinances of the City of El Paso de Robles and the laws of the State of California.

I understand that the issuance of a permit based upon plans, specifications and other data does not give authority to violate or cancel the provisions of the state or local laws and does not prevent the City of El Paso de Robles from requiring the correction of errors, or from preventing building operations being carried on when in violation of said laws.

Test results must be submitted to the Compliance Engine at thecomplianceengine.com within 10 days of testing, using current State of Ca. Fire Marshall form AES 2.2. Failure to comply may result in additional fees.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.

Signature of Contractor or Authorized Agent ___________________________ Date ___________________________