

Title 19

Application Packet



Title 19 – 5 Year Sprinkler Testing
Title 19 – Fire Pump Testing
Title 19 – Private Fire Hydrants



Paso Robles Fire and Emergency Services

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: _____

Device Fee Calculation

Number of Sprinkler Risers with an FDC	_____	(FY 20/21 \$214 per device)
Number of Sprinkler Risers without an FDC	_____	(FY 20/21 \$161 per device)
Commercial Fire Sprinkler Pumps	_____	(FY 20/21 \$214 per device)
Number of Private Fire Hydrants	_____	(FY 20/21 \$214 per 5 hydrants)
Number of Standpipes	_____	(FY 20/21 \$214 per device)
Total number of Devices at \$214	_____	
Total number of Devices at \$161	_____	
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 WOKERS COMENSATION 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