SPECIAL ACTIVITY PERMIT APPLICATION

FIRE PREVENTION DIVISION
480 North Canal Street
South San Francisco, CA 94080
Office: (650) 829-6645
Fax: (650) 877-8537

Special Activity Location:		**Application Date:**	
Type of Permit:	☐ Hot work ☐ High or Comb storage ☐ Assembly ☐ Tents/Canopies ☐ Hydrant	☐ Storage tanks ☐ Candles/Open Flame ☐ Pyrotechnic Display ☐ Title 19-5 year test	☐ Christmas Tree lot ☐ Carnival/Fairs ☐ Asphalt Kettle ☐ Other

Description of Activity:

	Starting	Ending		
Duration of Activity:				
	Name	Telephone		
Property Owner:				
	Street	City	State	Zip
Address:				
	Name	Telephone		
Contractor:				
	Street	City	State	Zip
Address:				
	Name	Telephone		
Applicant:				
	Street	City	State	Zip
Address:				
	Name	24 Hour-Telephone		
Emergency Contact 1				
	Name	24-Hour Telephone		
Emergency Contact 2				

Site Map:

Please draw a site map that displays the following:

- Compass orientation
- Street and nearest cross street
- Location of nearest fire hydrant
- Driveways/access points to property
- Location of the special activity
- Property lines & location of buildings
- Location of water, gas and electrical shut-off on the property

(7/16/2007)

Instructions: Please read, initial and sign each section that applies.

Property Owner

___ I hereby affirm that I am exempt from the requirement for licensure and/or qualification as required by the Business and Professions Code and any other applicable codes or regulations that govern this special activity

Owner's Signature: _____ Date: _____

Contractor

___ I hereby affirm that I am a licensed and/or qualified as required by the Business and Professions Code and any other applicable codes or regulations that govern this special activity, and my license or registration with the appropriate regulatory authority is in full force and effect.

Contractor's State. License. No._____ City Business License. No._____

Contr. Signature: _____ Date: _____

Worker's Compensation

___ I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Worker's Compensation Insurance, or a certified copy thereof.

Policy No:_____ Company:_____ ☐ Certified copy is hereby furnished

___ I certify that in the performance of this special activity for which the permit is issued, I shall not employ any person in any manner so as to become subject to Worker's Compensation Laws of California

Applicant Signature:_____ Date: _____

Applicant

General

___ I certify that I have read this application and state that the above information is correct and understand that this application does not constitute permission to conduct the proposed activities described above.

___ I hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.

___ I understand that this permit if granted constitutes permission to maintain, store, use or handle materials, or to conduct processes, or activities which may produce conditions hazardous to life or property, or to install equipment used in connection with such activities. Such permission shall not be construed as authority to violate, cancel or set aside any of the provisions of the California Fire Code. This permit shall not take the place of any license or other permits required by law.

(7/16/2007)

Expiration:

___ I understand that this permit shall continue until revoked or expire on the date listed. Permits shall not be transferable and any change in use, occupancy, operation or ownership shall require a new permit.

Compliance:

___ I understand that the permit applicants and the applicant's agents and employees shall carry out the proposed activity in compliance with the California Fire Code and other laws or regulations applicable thereto, whether specified or not, and in complete accordance with approved plans and specifications. Permits which purport to sanction a violation of this code or any applicable law or regulation shall be void and approvals of plans and specifications in this issuance of such permits shall likewise be void.

Retention of Permits:

___ I understand that permits shall be kept on the premises designated therein at all times and shall be posted in a conspicuous location on the premises or shall be kept on the premises in a location designated by the Fire Marshal. Permits shall be subject to inspection at all times by an officer of the fire or police department or other persons authorized by the Fire Chief

Revocation of Permits:

___ I understand that the Fire Chief or designated representative is authorized to suspend or revoke a permit when it is determined that:

1. The permit has been issued by a person other than the person to whom the permit was issued,
2. The permit has been used for a location other than that for which it was issued,
3. Any of the conditions or limitations set forth in the permit have been violated,
4. The permittee failed, refused, or neglected to comply with orders or notices duly served in accordance with the provisions of this the California Fire Code or any applicable law or regulation within the time provided therein,
5. There has been a false statement or misrepresentation as to a material fact in the application or plans on which the permit or application was based, or
6. The permit was issued in error or in violation of an ordinance, regulation or the California Fire Code.

Applicant Signature: _____ Date: _____

OFFICE USE ONLY		
Reviewed by:		**Date:**
Status:	☐ Approved ☐ Comments ☐ Additional Requirements ☐ Not Approved	
Fees Worksheet:		**Total:**
Comments:		

(7/16/2007)