

FIRE & BUILDING SAFETY PERMIT APPLICATION FORM

Submit applications to Fire	and Building Safety Dept	(FABS) – <u>fabs@ucm</u>	<u>erced.edu</u> & GOVmotus
Special event(s) Tenant Improv	rement Addition S	pace Use/Furniture	Food Truck(s) RFI
Fire Alarm Fire Sprinkler F	ire System Impairment 🗖	Haz Mat MAQ Review	Other:
Repair: Scheduled Emergency	/ Plumbing Ele	ctrical Mechanical	🗖 Bulletin 🗖 EJ
Hot Works Deferred – Original F	Permit #		
Note: Special Events are to be submitted	d 10 days prior to event.		
University Assigned Project Man	ager:		_
Project Name:	Project	Address:	
Project Building Name:		APN#	
Funding Source: State: 🗖 Othe	r 🗖		
Scope of Work:			
Applicant Information:			
Applicant Information: Primary Contact Person:	Title	of Applicant:	
Primary Contact Person:	Phone:	Email:	
Primary Contact Person: Business Name:	Phone: City/Sta	Email: ate/Zip	
Primary Contact Person: Business Name: Address:	Phone: City/Sta Phone:	Email: ate/Zip	
Primary Contact Person: Business Name: Address: Additional Contact:	Phone: City/Sta Phone: ::	Email: ate/Zip Email:	
Primary Contact Person: Business Name: Address: Additional Contact: Contractor Conducting the Work	Phone: City/Sta Phone: <u></u> Phone:	Email: ate/Zip Email: Email:	
Primary Contact Person: Business Name: Address: Additional Contact: Contractor Conducting the Work Name:	Phone: City/Sta Phone: City/State/Zip	Email: ate/Zip Email: Email: :	
Primary Contact Person: Business Name: Address: Additional Contact: Contractor Conducting the Work Name: Address:	Phone:City/Sta City/Sta Phone: Phone: City/State/Zip Phone:	Email: ate/Zip Email: Email: :Emai	
Primary Contact Person: Business Name: Address: Additional Contact: Contractor Conducting the Work Name: Address: <u>Arch./Designer Name</u> :	Phone: City/Sta Phone: City/State/Zip City/State/Zip: City/State/Zip:	Email: ate/ZipEmail: Email: :Email:Emai	

By my signature below, I certify to each of the following:

• I am a California Licensed Contractor or authorized to act on the contractor behalf, the owner, or authorized to act on the owner's behalf.

- I have read this permit and the information I have provided is correct. I agree to comply with all applicable UCOP Policy, City or County and state laws relating to permit requirements. I authorize representatives of FABS to enter the above-identified property for inspection purposes.
- I understand this application does not guarantee project approval.

<u>TIME LIMITATIONS OF APPLICATION AND PERMIT</u>: An application for permit for any proposed work/event shall be deemed to have been abandoned 1 year after the date of filing unless a permit has been issued. The destruction of documents may occur 180 days after application expiration date. An issued permit will expire 2 years from date of issue. <u>You will NOT be notified prior to the expiration of your permit</u>. If you allow the permit to expire prior to completion of the project, a new permit will be required and you may become liable for additional fees including but not limited to administrative fees, inspection fees, and impact fees. Building construction plans that were submitted may also be destroyed upon permit expiration, subject to new building construction codes requirements.

Signature: CA Licensed Contractor, Owner or Authorized Agent.		Date	
Building Permit #	Filled Out by FABS Staff: Fire Permit #		
Building Plan Reviewer Name:	Date:	N/A 🗖	
Fire Plan Reviewer Name:	Date:	N/A 🗖	
Approved Disapproved			

Signature/Print Name