



PERMIT NO. _____

FIRE AND LIFE SAFETY BUSINESS INSPECTION APPLICATION

APPLICANT: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

LOCATION OF FACILITY

BUSINESS NAME:	ON-SITE CONTACT PERSON:	BUSINESS (site) PHONE:
STREET ADDRESS:	CITY:	ZIP CODE:

- TYPE OF BUSINESS TO BE CONDUCTED: _____
- SQUARE FOOTAGE OF BUSINESS: _____

PREPAYMENT REQUIRED FOR BUSINESS INSPECTION: \$280.00 (SI-1)

Two ways to submit this completed application with payment:

1. Mail with check payable to Contra Costa County Fire Protection District to:
 Contra Costa County Fire Protection District
 4005 Port Chicago Hwy, Suite 250
 Concord, CA 94520
2. Email completed application and credit card authorization form* to info@cccfd.org.
 *You will need to email info@cccfd.org to request a credit card authorization form.

Once the application and payment has been received and processed, a Fire Inspector will contact you to schedule the business inspection.

Signature of Applicant

Date

OFFICE USE ONLY: DO NOT COMPLETE BELOW THIS LINE

Fee computed by: _____ Amount Due: \$ _____

Received by: _____ Amount Received: \$ _____

Cash Credit Card Check No. _____ Invoice No. _____

Entered in CodePal _____

Initials