

Five Cities Fire Authority 140 Traffic Way Arroyo Grande CA 93420 (805) 473-5490

FIRE SAFETY PLAN APPLICATION

		Protection System Plan Review submitting	
Project Type:	 □ Residential Remodel □ Multi-Family Residential New Construction □ Commercial Tenant Improvement □ Industrial Tenant Improvement □ Commercial Kitchen Hood System □ OTHER, please specify: 		
Company Na	me:		
Contact Name: owner □ contractor □ License #:		er 🗆 contractor 🗆 License #:	
	illing Address:		
		Email:	
Project Ad	dress:		
	<u></u> OCSD Projec		
SLO Coun	ty#: FC	FA Permit#:	
Project Desci	ription:		
official representation property.	ord of this property, have completed this form accurately ar tion for this project to the contractor listed above. I further o	d declare that all statements here are true and correct. I do hereby g rant representatives of the Five Cities Fire Authority to inspect the su	
Responsible Signature:	Party	Date:	
Attachment(s):	☐ Residential Project Submittal, please include: Site, Floor, and Elevation Plans and Vicinity Map ☐ Commercial Project Submittal, please include: Full Set of Construction Plans and Vicinity Map ☐ Fire Sprinkler Plan Submittal, please include: Water Service Verification / Fire Flow Information Form		
For Office Use On	ly:		
Contractor:	☐ Valid License Verified, Expires:	Current BTC - #	
Amount Paid:	Invoice #:	Check #:	
Comments:			
Received by:		Date:	