

TIBURON FIRE PROTECTION DISTRICT PERMIT APPLICATION



Tiburon Fire Protection District
 Fire Prevention Division
 1679 Tiburon Blvd.
 Tiburon, CA 94920
 415-435-7200
 www.tiburonfire.org

FOR DISTRICT USE ONLY			
TFPD Permit #			
Rec'd By:		Date:	
Fee:		Check #:	

PLEASE WRITE LEGIBLY FOR YOUR APPLICATION TO BE PROCESSED IN A TIMELY MANNER

PROPERTY/WORK DESCRIPTION	
Site Address: _____	APN: _____
<i>Check at least one box in each of the following rows:</i>	
<input type="checkbox"/> New Submittal <input type="checkbox"/> Deferred Submittal <input type="checkbox"/> Resubmittal (Permit #) _____	
<input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Operational Permit <input type="checkbox"/> Other _____	
<input type="checkbox"/> New Work <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> VMP/WUI <input type="checkbox"/> Other _____	
No. of Stories: _____	Bldg Area/SF: _____ Project Size (SF): _____
Occupancy Class: _____	Const. Type: _____ Sprinkler Existing Y or N: _____
Work Description: _____	Is this a temporary membrane structure (TENT) Y or N: _____

PLEASE REFER TO TFPD FEE SCHEDULE: <https://www.tiburonfire.org/plan-submittal-review-guidelines/>

Fill in the info below. This is the contact that will receive the permit invoice.

Amount due to TFPD: _____ Name of Applicant: _____ Email: _____

CONTRACTOR/DESIGN PROFESSIONAL

Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact: _____ Email: _____

Phone: _____ Cell # (for FD use only): _____

License #: _____ Class: _____ Expires: _____

PROPERTY OWNER

Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

SIGNATURE OF APPLICANT REQUIRED

I certify that the information provided on this application is true and correct:

Print: _____ Signature: _____ Date: _____