



CITY OF TRACY
Development and Engineering
 333 Civic Center Plaza
 Tracy, CA 95376

TRACY FIRE DEPARTMENT
Bureau of Fire Prevention
 Telephone: (209) 831-6400
 FAX (209) 831-6439



CITY CONSTRUCTION PERMIT APPLICATION

Welcome to the City of Tracy Fire Department. This handout is to assist you in preparing your application for review. All fees are required to be paid at the time of submittal, and incomplete submittals will not be accepted.

The following information is required in order to process your application (type or fill out in pen only):

Job Name: _____ Parcel # (APN): _____

Job Location: _____ Cross Street: _____

Job Description: _____ Project Valuation: _____

SCOPE OF WORK (Check One):			
<input type="checkbox"/> Sprinkler Systems:	<input type="checkbox"/> NFPA 13	<input type="checkbox"/> NFPA 13-R	<input type="checkbox"/> NFPA 13-D
<input type="checkbox"/> Fire Alarm/Detection System	<input type="checkbox"/> Fire Hydrants	<input type="checkbox"/> Standpipe System	<input type="checkbox"/> Sprinkler Monitoring Equipment
<input type="checkbox"/> Hood & Duct System	<input type="checkbox"/> Clean Agent Suppression	<input type="checkbox"/> Other _____	<input type="checkbox"/> Fire Service Underground

Associated City BP# (if applicable): _____ City Business License #: _____

Contractor's Name: _____ **Contact Name:** _____

Contractors' License #: _____ Type: _____ Exp. Date: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Fax: _____ Email: _____

Architect/Engineer: _____

Contact Name: _____ Contact #: _____ Cell #: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Fax: _____ Email: _____

Responsible Party/Owner: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Fax: _____ Email: _____

Applicant/Agent (Please Print): _____ Company: _____

APPLICANT/AGENT SIGNATURE: _____ **DATE:** _____

OFFICIAL USE ONLY		
Fee/Amount Paid: _____	Date Paid: _____	Permit #: _____

WORKERS' COMPENSATION INSURANCE DECLARATION
(For Contractor's Only)

Assembly Bill Number 443 relating to Workers' Compensation requires contractor's to carry their certificate with them. The City of Tracy is no longer required to keep copies on file and instead will require that each applicant sign the following workers' compensation declaration and at time of Fire Prevention Bureau permit application, show their valid workers' compensation insurance certificate.

I hereby affirm under penalty of perjury one of the following declarations:

- I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.**

- I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:**

CARRIER: _____

POLICY NO.: _____

EXPERATION DATE.: _____

(This section need not be completed if the permit is for one hundred dollars (\$100) or less.)

- I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.**

PRINT NAME: _____ COMPANY: _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDTION TO THE COST OF COMPENSATION, DAMAGES AS PROVDIED FOR IN SECTION 3700 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.