



East Contra Costa

Fire Protection District

_____ F. D. Permit Number

_____ Date

Description of Work: _____

Project Name: _____ Address: _____ Suite _____

City: _____ Zip _____ Additional Info. _____

Applicant: _____ Address: _____

Contact Person: _____ Phone No. () _____ Lic# / Type _____

City: _____ State: _____ Zip: _____ Email _____

APPLICATION SECTION: DO NOT MARK BELOW THIS LINE

Comments: _____

Contact the Fire District at **925-240-2139** (minimum **two** working days notice required) to schedule final inspection available Monday through Thursday excluding holidays.

On the morning of the inspection, a confirmation telephone call made to the Fire District at 925-240-2139 is necessary between 8:00 and 8:30 AM. Otherwise, the inspection will be cancelled.

Final acceptance is subject to field inspections and necessary tests.

Approval does not relieve the designer / contractor from complying with all applicable fire code requirements, nor does it abrogate the requirements of other authorities having jurisdiction.

Approved as submitted. Approved with Comments. Denied, Resubmittal Required.

Reviewed by: _____ Date: _____

Fee computed by: _____ Amount Due: _____

Received by: _____ Amount Received: _____

Cash Credit Check No. _____ Invoice No. _____