



**CAL FIRE**  
**San Luis Obispo**  
**County Fire Department**

635 N. Santa Rosa • San Luis Obispo, CA 93405  
Phone: 805.543.4244 • Fax: 805.543.4248  
www.cdfslo.org



Matt Jenkins, Fire Chief

# FIRE SAFETY PLAN APPLICATION

Residential       Commercial

County Project Number(s): \_\_\_\_\_ Tract #: \_\_\_\_\_

*\*\* Required at time of submission*

APN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## APPLICANT INFORMATION

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: (      ) \_\_\_\_\_ Home Phone: (      ) \_\_\_\_\_

## AGENT INFORMATION

Agent/Owner's Representative: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: (      ) \_\_\_\_\_ Other Phone: (      ) \_\_\_\_\_

## PROJECT LOCATION

Address: \_\_\_\_\_ City: \_\_\_\_\_

Nearest Cross Street(s): \_\_\_\_\_

OCCUPANCY CLASSIFICATION(S): \_\_\_\_\_ TYPE OF CONSTRUCTION: \_\_\_\_\_

## PROJECT INFORMATION

Type of Project:  New Construction  Remodel or Addition  Other (Explain): \_\_\_\_\_

Existing Structure: \_\_\_\_\_ SF    New Construction: \_\_\_\_\_ SF    Total of Finished Project: \_\_\_\_\_ SF

1<sup>st</sup> Floor \_\_\_\_\_ SF • 2<sup>nd</sup> Floor \_\_\_\_\_ SF • 3<sup>rd</sup> Floor \_\_\_\_\_ SF • Basement \_\_\_\_\_ SF • Garage \_\_\_\_\_ SF

Covered Porch \_\_\_\_\_ SF • Attic Space used as storage \_\_\_\_\_ SF • Other (explain): \_\_\_\_\_ SF

Size of any structure(s) located within 50 feet of this project: \_\_\_\_\_ SF, \_\_\_\_\_ SF, \_\_\_\_\_ SF

**FIRE SPRINKLERS**

Each project will be evaluated to determine if fire sprinklers are required and if so, what type shall be installed.

**FIRE DEPARTMENT ACCESS**

Will any portion of the access road or driveway equal or exceed a 12% grade?  Yes  No

Will any portion of the access road or driveway equal or exceed a 16% grade?  Yes  No

Is there an existing gate or will you be installing a new gate on the property?  Yes  No

Is there an existing bridge or will you be installing a new bridge on the property?  Yes  No

**WATER SUPPLY (FIRE FLOW) & GAS SUPPLY**

The water for this project will be supplied by:

On-site Well

Community Water System - Name of Water Purveyor: \_\_\_\_\_

What is the distance from the structure to the nearest hydrant by vehicular travel? \_\_\_\_\_ Feet

The gas for this project will be supplied by:

Above-ground LPG (Liquid Propane Gas) tank  Local utility company

**COMMENTS:**

Please provide any additional information you feel will be helpful in our fire safety evaluation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Fire Safety Plan for this project will be mailed to you within four weeks after it is received by our office. A copy of the requirements shall remain on the project site until the final inspection or a certification of occupancy has been issued. If you have any questions, please feel free to contact our office at 635 North Santa Rosa Street in San Luis Obispo or by calling (805) 543-4244. You may also visit our website at [www.calfireslo.org](http://www.calfireslo.org) and click on the "Permits" link.

**ATTACHMENTS**

**Residential Project:** Please attach site, floor & elevation plans and a vicinity map to the application.

**Commercial Project:** A full set of Construction Plans and a vicinity map shall be attached to the application.

**Community Water System Verification Form:** A completed water form shall be attached to the application if the project is served by a water purveyor.

Signature of Applicant/Agent: \_\_\_\_\_ Date: \_\_\_\_\_