

Cash

CONTRA COSTA COUNTY FIRE PROTECTION DISTRICT

GENERAL F. D. Permit Number		Date		
1 . D. 1 emili Number		Date		
Applicant:	Phone No	Email:		
Description of Work:				
Project Name: Address:				
uite: Zip:				
Contractor:	Contractor's Licens	Contractor's License/Type #:		
Address:	City:	State:	Zip:	
Contact Person:	Phone No	Email:		
OFFICE	USE ONLY: DO NOT COMPLETE	BELOW THIS LINE		
Comments:				
	tt permittech@cccfpd.org (minimum tw		red) to schedule	
·	Monday through Thursday excluding hol nspection, a confirmation telephone c	•	t at	
	ary between 8:00 and 8:30 AM. Otherw			
Final acceptance is sub	ject to field inspections and necessar	y tests.		
	eve the designer / contractor from cor oes it abrogate the requirements of oth			
Approved as submitted	Approved with Comments	Denied, Resubmittal	Required	
Reviewed By:		Date:		
Fee computed by:		Amount Due: \$		
Received by:		Amount Received: \$		

Credit Check No. _____ Invoice No.____