



Sacramento Metropolitan Fire District

Community Risk Reduction Division

3012 Gold Canal Drive · Rancho Cordova, CA 95670 · Phone (916) 859-4330 · Fax (916) 859-3717

KURT P. HENKE
Fire Chief

APPLICATION FOR FIRE CODE PERMIT

DATE: _____

BUSINESS NAME: _____ PHONE: _____

BUSINESS ADDRESS: _____

TYPE OF BUSINESS: _____

APPLICANT NAME: _____ TITLE: _____

PERMIT REQUESTED: _____

THE REGULATIONS OF THIS PERMIT WILL BE SUBJECT TO THE REQUIREMENTS OF THE CALIFORNIA FIRE CODE/SECTION:

PERMIT COST \$ _____ (PAYABLE TO: SAC METRO FIRE)

I, the undersigned, will comply with all requirements and conditions of the permit as directed by the California Fire Code and the Sac Metro Fire District. I understand that this permit may be revoked at any time compliance with the California Fire Code or the Sac Metro Fire District is not met.

APPLICANT NAME: _____ DATE: _____

Applicant's Signature: _____

FOR DEPARTMENT USE ONLY

PERMIT APPROVED: _____ DENIED: _____

PERMIT FEE PAID: _____ \$ _____ NEW: _____ RENEWAL: _____

SUBMITTED BY: _____

PERMIT MAILED/FAXED/EMAILED – DATE: _____

PERMIT ISSUED BY: _____