



PERMIT # _____

**Alameda County Fire Department
Bureau of Fire Prevention**

OCCUPANCY INSPECTION REQUEST

City of Dublin City of San Leandro Unincorporated Alameda County

Project/Business Name: _____ Date: _____

Inspection Address: _____ City: _____

Contact Name: _____ Phone #: _____

Address/City/State/Zip: _____

Reason for Inspection: _____

Inspection is required for a: Fire Permit State License Police/Sheriff Permit Business License
 Use Permit Insurance Sell/Buy Property Other: _____

<input type="checkbox"/> BUSINESS OWNER		
Name: _____	Phone #: _____	FAX #: _____
Address/City/State/Zip: _____		

<input type="checkbox"/> BUILDING OWNER		
Name: _____	Phone #: _____	FAX #: _____
Address/City/State/Zip: _____		

BUILDING INFORMATION <i>(If information is not known, leave blank)</i>		
Proposed Use: _____	Occupancy Class: _____	Assessor Parcel #: _____
Current Use: _____	Occupancy Class: _____	UBC Const. Class: _____
Existing Systems: <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Standpipes <input type="checkbox"/> Fire Sprinklers { <input type="checkbox"/> 13 <input type="checkbox"/> 13R <input type="checkbox"/> 13D } <input type="checkbox"/> _____		

- Fire Department Office Use Only -

APPROVALS:		
Rejected: _____	Rejected: _____	Rejected: _____
Contact Notified: _____	Contact Notified: _____	Contact Notified: _____
Approved By: _____	Approval Date: _____	Applicant Notified: _____

FEES DUE: _____	Date Paid: _____	Comments: _____
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Plans Received: _____ Date Due: _____	Plans Received: _____ Date Due: _____
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A COPY OF THIS APPLICATION SHALL BE INCLUDED WITH ALL RESUBMITTALS

