



Application – HFD Fire Permit

339 Fifth Street - Hollister, CA 95023 - (831) 636-4325 Option 1
hfdprevention@hollister.ca.gov

Application Date: _____

Building Type: ☐ Commercial ☐ Residential
Construction Type: ☐ New Construction ☐ Addition / Remodel ☐ Tennant Improvement ☐ Other
Permit Type: ☐ Fire Sprinkler ☐ Alarm ☐ Underground/Fire Service Line ☐ Hood/Ansul System
☐ Solar Photovoltaic Power Systems/ESS ☐ Operational Permit ☐ Special Event

DESCRIPTION OF WORK: _____

JOB ADDRESS: _____ CITY: _____ ZIP: _____

A.P.N.: _____ SUBDIVISION/PROJECT NAME: _____

MASTER PLAN #: _____ LOT #: _____

OWNER NAME: _____ PHONE: (____) _____

EMAIL: _____

ADDRESS: _____ CITY: _____ ZIP: _____

TYPE OF CONSTRUCTION: _____ SQ. FT. DWELLING: _____

SQ. FT GARAGE: _____ SQ. FT PORCH / PATIO: _____ SQ. FT ADU _____

SQ. FT ENTIRE PROJECT: _____ VALUATION: \$ _____ STORIES: _____

NO. SPRINKLERS PROJECT TOTAL: _____

ALARM NOTIFICATIONS (STROBES) # _____ ALARM INITIATING DEVICES (PULL STATIONS) #: _____

CONTRACTOR: _____ PHONE: (____) _____

EMAIL: _____

ADDRESS: _____ CITY: _____ ZIP: _____

CSLB NO: _____ CONTRACTOR CLASS: _____ BUSINESS LICENSE NO: _____

APPLICANT SIGNATURE

DATE

LICENSED CONTRACTOR DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professionals Code and that my contractor's license is in full force and effect and that all of the information provided by me regarding this is true and correct. I also affirm under penalty of perjury that my Worker's Compensation Declaration or Certificate of Exemption from Worker's Compensation Insurance and lend agency information is true and correct.

Signed _____ Date _____
Print Name of Signer _____
License #. _____ License Class _____

WORKER'S COMPENSATION DECLARATIONS

I hereby affirm that I have a certificate of self-insured, or a certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec. 3000, Lab. C).

Policy # _____ Company _____
☐ Certified copy is hereby furnished
☐ Certified copy is filed with the fire department of the City of Hollister

Applicant Signature _____ Date _____

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from provisions of Contractor's License Law (Chapter 9 of Division 3 of the Business and Profession Code) because: (check applicable statement)

- ☐ A. I am the owner of the above property and I will contract to have all the work performed by licensed contractors
- ☐ B. I am the owner of the property and the work will be partially accomplished in accordance with Statement "A" and the other work will be accomplished in Accordance with Statement "C".
- ☐ C. I am the owner of the above property and I will perform all the above work personally or through my employees whose sole compensation will be wages, and the above described structure is not intended or offered for sale.

Applicant Signature _____ Print Name of Signer _____
Date _____

CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE

I certify that in performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation Laws of California.

Applicant Signature _____ Date _____

NOTICE TO APPLICANT: If after making this Certificate of Exemption you should become subject to the Worker's Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Section 3097, Cir. C).

Lender's Name _____ Lender's Address _____

I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS CORRECT. I AGREE TO COMPLY WITH ALL CITY AND COUNTY ORDINANCES AND STATE LAWS RELATING TO BUILDING CONSTRUCTION, AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER THE MENTIONED PROPERTY FOR INSPECTION PURPOSES.

Applicant or Agent Signature: _____ Date: _____