



COLMA FIRE DISTRICT PERMIT APPLICATION

APPLICATION #: _____

DATE: _____

SITE ADDRESS: _____

CSG #: _____

COLMA CITY LIMITS

UN-INCORPORATED COLMA

TYPE OF PERMIT

COMMERCIAL

RESIDENTIAL

TENTANT IMPROVEMENT

ADDITIONS/REMODELS

FIRE SPRINKLER

FIRE ALARM

EVENT PERMIT

OTHER _____

SCOPE OF WORK: _____

RESPONSIBLE PARTY DURING PLAN CHECK

NAME: _____

PHONE #: _____

EMAIL: _____

CONTRACTOR

COMPANY NAME: _____

CONTACT (Name/ Phone) _____

CONTRACTOR CLASS/LICENSE # _____

EMAIL: _____

PERMIT FEE

NOTIFY DATE: _____

NOTIFY BY: _____

RECEIPT NUMBER: _____

RECEIVED BY: _____

PAYMENT RECEIVED DATE: _____

CHECK #: _____

PAID BY: _____

TOTAL PERMIT FEE: _____

Note: Plan Review will not begin until payment is received

Calculation	
_____ sqft x 0.14 (R) / 0.20 (C) = \$ _____ + \$ 177.82 = \$ _____	Plan Check Fee
	\$ 177.82 Inspection Fee
	\$ 25.00/\$50.00 Application Fee
	\$ _____ Total

APPLICATION #:	_____	DATE:	_____
SITE ADDRESS:	_____	CSG #:	_____
Contact:	_____	Phone#: (_____) _____	Paid <input type="checkbox"/> Yes

SUBMITTAL

Received Date: _____ Due Date: _____
Reviewed By: _____ Date: _____
Approved: YES NO W/CONDITION(S) W/REDLINE(S)
Additional Notes: _____

RETURNED TO COUNTY INITIAL: _____ **DATE:** _____

RESUBMITTAL #1

Received Date: _____ Due Date: _____
Reviewed By: _____ Date: _____
Approved: YES NO W/CONDITION(S) W/REDLINE(S)
Additional Notes: _____

RETURNED TO COUNTY INITIAL: _____ **DATE:** _____

RESUBMITTAL #2

Received Date: _____ Due Date: _____
Reviewed By: _____ Date: _____
Approved: YES NO W/CONDITION(S) W/REDLINE(S)
Additional Notes: _____

RETURNED TO COUNTY INITIAL: _____ **DATE:** _____

RECEIPT OF COMPLETE SET OF PLANS FOR COLMA FIRE DISTRICT RECORDS, UPON APPROVAL
1st Contact Date _____
2nd Contact Date _____