

Colma Fire District Permit Application

Date: _____ CSG #: _____

Site Address: _____

Colma or Un-Incorporated Colma

Type Of Permit

Commercial

Residential

Tenant Improvement

Addition/Remodel

Event Permit

Fire Sprinkler

Fire Underground

Fire Alarm

Other: _____

Scope Of Work: _____

Responsible Party During Plan Check

Name: _____ Phone #: _____

Email: _____

Contractor

Company Name: _____

Name: _____ Phone #: _____

Email: _____

Contractor Class/License #: _____

Permit Fee

Total Permit Fee \$ _____

Notify Date: _____ Notify By: _____

Receipt #: _____ Received By: _____

Method of Payment: Cash Check Credit Card

Payment Received Date: _____ Check #: _____

Fees Paid By: _____