



CITY OF BEVERLY HILLS

Fire Plan Review / Permit Application

ACTIVITY: FIRE SPRINKLER FIRE ALARM HAZ – MAT MEDICAL GAS

- | | | |
|--|--|--|
| <input type="checkbox"/> COMMERCIAL FIRE SPRINKLER (NEW) <input type="checkbox"/> RESIDENTIAL FIRE SPRINKLER (NEW) <input type="checkbox"/> COMMERCIAL FIRE SPRINKLER T.I. <input type="checkbox"/> RESIDENTIAL FIRE SPRINKLER T.I. <input type="checkbox"/> FIRE ALARM (NEW) <input type="checkbox"/> FIRE ALARM (T.I.) <input type="checkbox"/> REVISED / CHANGE OF CONTRACTOR | <input type="checkbox"/> FIRE PUMP <input type="checkbox"/> STANDPIPE <input type="checkbox"/> PRIVATE FIRE MAIN / HYDRANT <input type="checkbox"/> MINOR FIRE PROTECTION SYSTEM REPAIR <input type="checkbox"/> MAJOR FIRE PROTECTION SYSTEM REPAIR <input type="checkbox"/> MODIFICATION REQUEST / REVIEW <input type="checkbox"/> PRE-ENGINEERED SYSTEM | <input type="checkbox"/> MEDICAL GAS SYSTEM <input type="checkbox"/> HAZ-MAT (INVENTORY) <input type="checkbox"/> UNDERGROUND STORAGE TANK <input type="checkbox"/> DISPENSING STATION <input type="checkbox"/> EVACUATION MAP REVIEWS <input type="checkbox"/> SPECIAL EVENT <input type="checkbox"/> OTHER _____ |
|--|--|--|

| | | | |
|-------------------------|--------------|--|---|
| PROJECT ADDRESS: | | | |
| UNIT SUITE | FLOOR | VALUATION (LABOR AND MATERIALS) | AREA OF WORK (ESTIMATED SQ. FT.) |
| | | | |

▼ DESCRIPTION OF WORK ▼

| | | |
|--|--|--|
| NUMBER OF FIRE ALARM DEVICES / SPRINKLER HEADS (IF APPLICABLE): | HAZARDOUS MATERIAL LIST / QUANTITIES HANDOUT PROVIDED (IF APPLICABLE): | |
| WILL PERMIT BE IN PHASES: | YES <input type="checkbox"/> NO <input type="checkbox"/> • CITY HANDOUT PROVIDED & COMPLETED • HAZ-MAT SURVEY PROVIDED | YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> |

| COMPRESSED GASES <small>(REPORT EACH MATERIAL IN CUBIC FEET)</small> | LIQUIDS <small>(REPORT EACH MATERIAL IN GALLONS)</small> | SOLIDS <small>(REPORT EACH MATERIAL IN POUNDS)</small> |
|---|--|--|
| <input type="checkbox"/> OXYGEN _____ <input type="checkbox"/> CARBON DIOXIDE _____ <input type="checkbox"/> NITROGEN _____ <input type="checkbox"/> NITROUS OXIDE _____ <input type="checkbox"/> PROPANE _____ <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> GASOLINE _____ <input type="checkbox"/> OIL _____ <input type="checkbox"/> CHLORINE _____ <input type="checkbox"/> CRYOGENIC _____ <input type="checkbox"/> OXIDIZER _____ <input type="checkbox"/> UNSTABLE _____ <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> COMBUSTIBLE DUST _____ <input type="checkbox"/> COMBUSTIBLE FIBERS _____ <input type="checkbox"/> FLAMMABLE SOLIDS _____ <input type="checkbox"/> WATER REACTIVE _____ <input type="checkbox"/> OTHER _____ |

IF OTHER BOX IS CHECKED, PLEASE PROVIDE DETAILS BELOW:

| | | | | |
|--|--|------------|--|-----|
| APPLICANT (REQUIRED) | | | | |
| ADDRESS | | | | |
| CITY | | STATE | | ZIP |
| OFFICE PHONE | | CELL PHONE | | |
| E-PLAN ACCESS E-MAIL (REQUIRED) | | | | |

| | | | | |
|--|--|------------|--|-----|
| PROPERTY OWNER (REQUIRED) | | | | |
| ADDRESS | | | | |
| CITY | | STATE | | ZIP |
| OFFICE PHONE | | CELL PHONE | | |
| E-PLAN ACCESS E-MAIL (REQUIRED) | | | | |

| | | | | |
|--|--|------------|--|-----|
| CONTRACTOR (REQUIRED) | | | | |
| ADDRESS | | | | |
| CITY | | STATE | | ZIP |
| OFFICE PHONE | | CELL PHONE | | |
| E-PLAN ACCESS E-MAIL (REQUIRED) | | | | |



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MEANS & METHOD PLAN (MMP) DECLARATION

Does this structure have one or more dwelling unit(s) that is tenant-occupied?

Yes No

If "NO", do not proceed to the next MMP question, STOP HERE, a Means and Method Plan is not required. If "YES", proceed to the next MMP question.

Will the work take more than one day?

Yes No

If "NO", STOP HERE, a Means and Method Plan is not required. If "YES", a Means and Method Plan may be required (BHMC 9-1-108L).

Please contact the Rent Stabilization Division.

Print Name _____ Signature _____ Date _____

LICENSED CONTRACTOR'S 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 Professions Code, and my license is in full force and effect.

License Class _____ License No. _____ Signature _____ Date _____

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the following reason (Sec. 7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt there from and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).):

I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who does the work himself or herself or through his or her own employees, provided that the improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he or she did not build or improve for the purpose of sale.).

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the project with a contractor(s) licensed pursuant to the Contractors' State License Law.).

I am exempt under Sec. ____, Bus. and Prof. Code, for this reason: _____

Owner Name _____ Signature _____ Date _____

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Policy No. _____ Company _____

Print Name _____ Signature _____ Date _____

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

I certify that, in the 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 workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Print Name _____ Signature _____ Date _____

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

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 and County to enter upon the above-mentioned property for inspection purposes.

Print Name

Signature of Applicant or Agent

Date