



APPLICATION FOR CALIFORNIA FIRE CODE PERMIT

RETURN ENTIRE APPLICATION TO: Red Bluff Fire Prevention Division
555 Washington St., Red Bluff, CA 96080
(530) 527-1126

(Please Print or Type - Do not write in shaded areas)

LOCATION OF ACTIVITY:

Business Name: _____ Date: _____

Address: _____ Suite No: _____ Phone: _____

Mailing Address if Different: _____ Fax: _____

Responsible Party: _____

Address: _____

Home Phone: _____ Cell Phone: _____

DESCRIPTION OF ACTIVITY:

If temporary (less than 90 days):

Date

Time

Start: _____

End: _____

Applicant Signature

Date

Fire Prevention Reviewer: _____ Date: _____

Comments: _____
