# **Contra Costa County**



# **Fire Protection District**

PERMIT NO	
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#### **CODE ENFORCEMENT FIRE AND LIFE SAFETY INSPECTION APPLICATION**

APPLICANT:		P	IONE:	
ADDRESS:		CITY:		ZIP CODE:
EMAIL ADDRESS:			-	
LOCATION OF FACILITY	Y			
BUSINESS NAME:	ON-SITE	CONTACT PERSON	:	BUSINESS (site) PHONE:
STREET ADDRESS:		CITY:		ZIP CODE:
■ TYPE OF	BUSINESS TO B	E CONDUCTED:		
■ SQUARE	FOOTAGE OF BU	JSINESS:	_	
PREPAYMENT REQUIR	ED FOR CODE	ENFORCEMENT FI	RE INSPECTION:	<b>\$316.00</b> (SI-1)
Two ways to sul	bmit this complet	ed application with p	ayment:	
4005		re Protection District	ion District to:	
2. Email completed ap	plication and credi	t card authorization for	m to info@cccfpd.or	g.
Once the application and p business inspection.	ayment has been	received and processe	d, a Fire Inspector v	vill contact you to schedule the
Signature of Applicant			Date	
	OFFICE USE ON	ILY: DO NOT COMPL	ETE BELOW THIS	LINE
Fee computed by:			Amount D	Due: \$
eceived by: Amount Received: \$				
Cash ☐ Cre	edit Card 🗆	Check No	Invoice No.	
				Entered in AMANDA

FPB.050 Rev. 02/22 Initials

## **Contra Costa County**



### Fire Protection District

#### **CREDIT CARD AUTHORIZATION**

**Code Enforcement Payments** 

Please provide the information below (in addition to your application(s)).

Payment may be made with a check for the exact amount in lieu of a credit card payment. Please note that *any discrepancy* in payments will delay review of your plans.

Project Address:
Purpose of Payment(s):
Invoice Number(s):
For payment by Credit Card (Please print all information.):
Exact name on credit card:
Type of credit card (Visa, MasterCard or Discover Card only):
Credit Card Number:
Expiration Date:
Security Code (3 digits on the back):
Billing address (street number only) (zip code):
Amount authorized: \$
Phone number in case there is a discrepancy:
Office: () Cell: ()
Your company name and contact e-mail address: