



City of Rocklin Fire Department
3401 Crest Drive
Rocklin, CA 95765
(916) 625-5300

FIRE OPERATIONAL PERMIT APPLICATION

Fire Operational Permits are required under the 2016 California Fire Code. Fire Operational permits, when issued, allows the applicant to legally conduct the operation or business permitted for a period of 12 months (permits shall be renewed annually). The Fire Operational Permits have been established to provide a focused survey and inspection of the operation and/or building to help ensure minimum fire and life safety requirements are maintained at an acceptable level.

To initiate the review process, a Fire Operational Permit Application must be completed and submitted for review at the City of Rocklin Fire Department (3401 Crest Drive, Rocklin). Required fees are to be paid at time of application and incomplete applications will not be accepted. Once the Fire Operational Permit Application has been deemed complete and applicable fees have been paid, a Fire Department staff member will contact you to set up the inspection.

Type of Fire Operational Permit (Applicant to check applicable box):

<input type="checkbox"/> Aerosol Products	<input type="checkbox"/> Exhibit/Trade Shows	<input type="checkbox"/> Lumber Yard/Woodwork
<input type="checkbox"/> Amusement Buildings	<input type="checkbox"/> Explosive Blasting Agent Storage	<input type="checkbox"/> Organic Coating Application
<input type="checkbox"/> Apartments/Hotels/Motels	<input type="checkbox"/> Flammable/Combustible Liquids	<input type="checkbox"/> Ovens (Industrial Baking/Drying)
<input type="checkbox"/> Candles/Open Flames	<input type="checkbox"/> Garage Repairs/Motor Vehicle Storage	<input type="checkbox"/> Places of Assembly
<input type="checkbox"/> Carnivals/Fairs	<input type="checkbox"/> Hazardous Materials	<input type="checkbox"/> Pyrotechnics & Special Effects
<input type="checkbox"/> Combustible Dust Operations	<input type="checkbox"/> Hazardous Production Facilities	<input type="checkbox"/> Pyrotechnics Public Display
<input type="checkbox"/> Combustible Storage	<input type="checkbox"/> High Piled Storage	<input type="checkbox"/> Radioactive Materials
<input type="checkbox"/> Commercial Day Care Facility	<input type="checkbox"/> Hot Food Vendor-Annual	<input type="checkbox"/> Refrigeration Equipment
<input type="checkbox"/> Compressed Gases	<input type="checkbox"/> Hot Works/Cutting & Welding	<input type="checkbox"/> Residential Care Facilities
<input type="checkbox"/> Covered Mall Buildings	<input type="checkbox"/> Institutional	<input type="checkbox"/> Spraying or Dipping
<input type="checkbox"/> Cryogenics	<input type="checkbox"/> Knox Box Servicing	<input type="checkbox"/> Temporary Membrane Structures
<input type="checkbox"/> Dry Cleaning Plant	<input type="checkbox"/> Large Family Day Care	<input type="checkbox"/> Tire Storage
<input type="checkbox"/> Dust Producing Operations/Storage	<input type="checkbox"/> Liquid Petroleum Gas (LPG)	<input type="checkbox"/> Wood Products

Business Data:

Business Name (DBA or other names used): _____

Business Location/Address: _____

Describe Type of Business and/or Services _____

Applicant/Agent Name: _____

Mailing Address: _____ City/State/Zip: _____

Phone #: _____ Mobile #: _____

Fax #: _____ Email: _____

Business Owner Name: _____
Mailing Address: _____ City/State/Zip: _____
Phone #: _____ Mobile #: _____
Fax #: _____ Email: _____

Building Owner: _____
Mailing Address: _____ City/State/Zip: _____
Phone #: _____ Mobile #: _____
Fax #: _____ Email: _____

Contact Person for Inspection Purposes: _____
Phone #: _____ Mobile #: _____
Fax #: _____ Email: _____

Is this a new business? Yes No Date business opened at this location: _____

City of Rocklin Business License #: _____

Prior Tenant Name: _____
Existing Occupancy Type (if known): _____ Proposed Occupancy Type (if known): _____

I hereby affirm that I have truthfully completed the Fire Operational Permit Application and agree to operate this business in accordance with all Federal, State, local laws & ordinances, rules and regulations.

_____ Applicant's Printed Name	_____ Applicant's Title
_____ Applicant's Signature	_____ Date

Office Use Only

Application Date: _____ FIRE OP #: _____
Issued by: _____ Date Issued: _____ Fee: _____
Receipt # _____ Payment Made by: Check VISA/Mastercard Cash