

# APPLICATION FOR PERMIT TO OPERATE, MAINTAIN OR STORE

District No. \_\_\_\_\_

Make check payable to: **City of Oakland**

Mail to: Oakland Fire Department  
Fire Prevention Bureau  
250 Frank Ogawa Plaza, Ste. 3341  
Oakland, CA 94612-2032

Phone: (510) 238-3851  
TTY: (510) 238-3254  
Fax: (510) 238-6739

Exp. Date: _____	
<b>Application Type</b>	
<input type="checkbox"/> Original	<input type="checkbox"/> Renewal
Fee: _____	
Cash: _____	Ck. #: _____
Receipt #: _____	
Report Number: _____	

**Please circle one**

Operate  
To: Maintain  
Store

Engine Co. \_\_\_\_\_

Pursuant to Section \_\_\_\_\_ Public Assembly Use \_\_\_\_\_

Event Dates \_\_\_\_\_

Application made by: \_\_\_\_\_

Site Location \_\_\_\_\_

\_\_\_\_\_  
Name (Please Print)

Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

\_\_\_\_\_  
Signature

DO NOT WRITE BELOW THIS LINE

**Billing/Mailing Address:** \_\_\_\_\_

Plans submitted?  Yes  No Checked by: \_\_\_\_\_ Occupancy Classification? \_\_\_\_\_

Other Occupancies in Building? \_\_\_\_\_ Occupancy Load? \_\_\_\_\_ Floor to be used? \_\_\_\_\_

Area to be used? \_\_\_\_\_ sq.ft. Previous Occupancy? \_\_\_\_\_

**BUILDING INFORMATION:**

Stories \_\_\_\_\_ Basement? \_\_\_\_\_ Location of Exterior Wall Openings \_\_\_\_\_

Type of Protections \_\_\_\_\_

**EXITS:**

Number? \_\_\_\_\_ Do Exits Lead to Street?  Yes  No Number of exits from Hazardous Area (over 200 sq.ft.)? \_\_\_\_\_

Panic Bars?  Yes  No Do Doors Swing Out?  Yes  No Exit Signs?  Yes  No Illuminated?  Yes  No

Number of stairways? \_\_\_\_\_ Open or Enclosed? \_\_\_\_\_ Exterior Stairway?  Yes  No Fire Escape?  Yes  No

Where is the Fire Escape Located? \_\_\_\_\_

**FIRE PROTECTION:**

Standpipes: Wet?  Yes  No Dry?  Yes  No Extinguishers: Number? \_\_\_\_\_ Type? \_\_\_\_\_

Sprinklers?  Yes  No Other Fire Protection? \_\_\_\_\_

Is Flameproofing Required?  Yes  No Is it Satisfactory?  Yes  No

Fire Alarm: Tested?  Yes  No Last Serviced? \_\_\_\_\_ Hood & Duct: Tested?  Yes  No Last Serviced? \_\_\_\_\_

Date(s) of Inspection: 1.) \_\_\_\_\_ 2.) \_\_\_\_\_ 3.) \_\_\_\_\_ 4.) \_\_\_\_\_

Application Denied Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Application Approved Date: \_\_\_\_\_ Remarks: \_\_\_\_\_


Signed: \_\_\_\_\_  
Inspector

Signed: \_\_\_\_\_  
Supervising Officer