



Sacramento Metropolitan Fire District

Community Risk Reduction Division

www.metrofire.ca.gov

10545 Armstrong Ave, Suite 310 · Mather, CA 95655 · Phone (916) 859-4330 · Fax (916) 859-3717

KURT P. HENKE
Fire Chief

FIRE CODE PERMIT Application

Date: _____

Business Name: _____ Phone: _____

Business Address: _____

Type of business: _____

Applicant name: _____ Title: _____

Permit requested: _____

The regulations of this permit will be subject to the requirements of the California Fire Code/section:

Permit cost \$ _____ (payable to: SMFD)

I, the undersigned, will comply with all requirements and conditions of the permit as directed by the California fire code and the sac metro fire district. I understand that this permit may be revoked at any time compliance with the California fire code or the sac metro fire district is not met.

Applicant name: _____ date: _____

Applicant's signature: _____

INTERNAL USE ONLY

Permit approved: _____ Denied: _____

Permit fee paid: _____ \$ _____ New: _____ Renewal: _____

Submitted by: _____

Permit mailed/faxed/emailed – date: _____

Permit issued by: _____