HIGH-PILED COMBUSTIBLE STOCK PERMIT APPLICATION

Business Name: _____

Address: _____

Contact Person: _____

Phone Number: _____

Building Owner: _____

Permit Fee: _____ **Date Paid:** _____
(to be paid at time of permit issuance)

Signature _____ Date _____

SUBMITTAL INSTRUCTIONS

COMPLETE APPLICATION, DESCRIPTION OF STORAGE, FLOOR PLAN OF WAREHOUSE (showing storage layout, exits, etc.) AND RETURN TO:

Central County Fire Department
1399 Rollins Rd., Burlingame, CA 94010
info@ccfd.org

For questions, contact Fire Administration: (650) 558-7600