



Chico Fire-Rescue
Community Risk Reduction
 411 Main Street, Chico CA 95928
 530-897-3400

Fees Valid 7/1/23-6/30/24

Billing Code: 001-000-40519

CALIFORNIA FIRE CODE PERMIT APPLICATION FOR BUSINESSES

Please complete this Permit Application and submit along with your payment to: **City of Chico Finance Office, P.O. Box 3420, Chico, CA 95927 or at 411 Main Street (First Floor), Chico, CA 95928.** Provide any applicable emergency response information. A new permit application must be filed every year with the Fire Department and a permit will not be issued without a completed application and signature.

Per City of Chico Fee Schedule, the annual fee for CA Fire Code permit/inspection is **\$179.50**. Each additional required permit (same site & owner) is **\$20.00**. This initial fee includes one free administrative review. If the inspection is complex, any additional time will be billed on half-hour increments at the real-time billing rate of **\$89.75 per half hour**. On-site re-inspections or follow up due to the owner failing to provide administrative documentation within the specified time will be charged a one hour minimum, plus actual time spent on half-hour increment at \$89.75 per half hour. A permit for occasional, specific activities or operations (not to exceed 30 consecutive days) is **\$236.50**.

TYPE OF PERMIT – Listed below are some common types of permits adopted by City of Chico Municipal Code, Chapter 16.48.020. A permit shall be required for those activities and operations as set forth in CFC Section 105, as adopted by Chapter 16R.42.

The Fire Department will determine the permits that are applicable to your business.

- | | | |
|---|--|---|
| <input type="checkbox"/> Aerosol Products | <input type="checkbox"/> Flammable or Combustible Liquids and/or Tanks | <input type="checkbox"/> Nitrate Film |
| <input type="checkbox"/> Aircraft Refueling Vehicles | <input type="checkbox"/> Fruit Ripening | <input type="checkbox"/> Oil and Natural Gas Wells |
| <input type="checkbox"/> Asbestos Removal | <input type="checkbox"/> Fumigation or Thermal Insecticidal Fogging | <input type="checkbox"/> Organic Coatings |
| <input type="checkbox"/> Automobile Wrecking Yard | <input type="checkbox"/> Grain Elevators and Other Dust Producing Operations | <input type="checkbox"/> Place of Assembly |
| <input type="checkbox"/> Bowling Pin/Alley Refurbishing | <input type="checkbox"/> Hazardous Materials | <input type="checkbox"/> Radioactive Materials |
| <input type="checkbox"/> Cellulose Nitrate Plastic | <input type="checkbox"/> High-Piled Combustible Storage | <input type="checkbox"/> Repair Garages |
| <input type="checkbox"/> Combustible Fiber Storage | <input type="checkbox"/> Liquefied Petroleum Gases | <input type="checkbox"/> Spraying and Dipping |
| <input type="checkbox"/> Combustible Materials Storage | <input type="checkbox"/> Lumber Yards | <input type="checkbox"/> Tank Vehicles |
| <input type="checkbox"/> Compressed Gas | <input type="checkbox"/> Magnesium Operations | <input type="checkbox"/> Tents/Air-Supported Structures |
| <input type="checkbox"/> Cryogenics | <input type="checkbox"/> Malls, Covered | <input type="checkbox"/> Tire Recapping and Storage |
| <input type="checkbox"/> Dry Cleaning Plants | <input type="checkbox"/> Motor Vehicle Fuel Dispensing Station | <input type="checkbox"/> Waste Material Processing Plants or Junk Yards |
| <input type="checkbox"/> Explosive Materials | | <input type="checkbox"/> Welding and Cutting Operations |
| <input type="checkbox"/> Fires | | |
| <input type="checkbox"/> Fireworks | | |

BUSINESS NAME:	BUSINESS PHONE:
BUSINESS ADDRESS:	
BUSINESS OWNER:	PHONE:
MAILING ADDRESS:	
EMAIL ADDRESS:	
APPLICANT:	PHONE:
Return Signed Application With Payment	

I am aware that the permit(s) are required (CMC, Chapter 16.48) in order to conduct business within the City of Chico. Any violation of the permit(s) can cause revocation of said permit(s) and possible legal action being brought against me. The fees for the permit(s) are charged on an annual basis.

Applicant Signature	Title	Date
PEID:	OFFICE USE ONLY	Max Occ. Load/Room/Area:
Receipt No:	Date:	Permit No:
Re-inspection Time:	Amount billed:	Expiration Date:
<i>Authorized Signature</i>	<i>Title</i>	<i>Date Issued</i>