

Colma Fire District Permit Application

Date: _____ CSG # _____

Site Address: _____

City: _____

Type of Permit: _____

Scope of Work: _____

Responsible Party During Plan Check

Name: _____ Phone # _____

E-mail: _____

Contractor

Company Name: _____

Name: _____ Phone # _____

E-mail: _____

Contractor Class/License # _____

Permit Fee

Total Permit Fee \$: _____

Notify Date: _____ Notify By: _____

Receipt #: _____ Received By: _____

Method of Payment: Cash Check Credit

Payment Received Date: _____ Check # _____

Fees Paid by: _____

