



# APPLICATION FOR OCCUPANCIES REQUIRING MANDATED INSPECTIONS

## SAN BERNARDINO COUNTY FIRE PROTECTION DISTRICT COMMUNITY SAFETY DIVISION

**San Bernardino Office - SBGC**  
 385 N. Arrowhead Ave., 1<sup>st</sup> Floor  
 San Bernardino, CA 92415-0187  
 Phone (909) 386-8400  
 Fax (909) 387-3249  
 Hours: 8:00 am – 5:00 pm M-F

**North Desert Office - HDGC**  
 15900 Smoke Tree St. Suite 131  
 Hesperia, CA 92345-3222  
 Phone (760) 995-8190  
 Fax (760) 995-8205  
 Hours: 8:00 am – 5:00 pm M-F

**East Valley Office – San Bernardino City**  
 200 East Third Street  
 San Bernardino, CA 92410  
 Phone (909) 918-2201  
 Fax (909) 381-0071  
 Hours: 8:00 am – 5:00 pm M-Th

**South Desert Office**  
 58928 Business Center Dr.  
 Yucca Valley, CA 92284  
 Phone (760) 995-8190  
 Fax (760) 995-8205  
 Hours: 9:00 am to 12:00 pm Wed

WEBSITE: [www.sbcfire.org](http://www.sbcfire.org)

### FACILITY INFORMATION

Licensed care uses may have specific zoning, building and Fire Code requirements. These requirements provide a minimum level of safety for this sensitive type of use. Licensed care providers are urged to contact the appropriate County or City agencies, including the Planning and Building and Safety offices to obtain all information needed to convert your property into a Licensed Care facility.

FACILITY NAME		FACILITY ADDRESS		CITY / COMMUNITY		ZIP CODE	
FACILITY TYPE		PROPOSED TOTAL CAPACITY	# OF AMBULATORY	# OF NON-AMBULATORY	# OF BEDRIDDEN		

### CONTACT INFORMATION

CONTACT NAME		CONTACT ADDRESS		CITY		STATE	ZIP CODE
CONTACT PHONE NUMBER		CONTACT FAX NUMBER		CONTACT E-MAIL ADDRESS			

- Prior to a required FIRE CLEARANCE inspection, a completed California Fire Safety Inspection Request (Form STD 850) must be received by this office from the agency. EXCEPTION: Applicants for facilities licensed by Alcohol & Drug programs may download the STD 850 form from [www.adp.ca.gov](http://www.adp.ca.gov) and submit the completed form directly to us. (NOTE: The STD 850 form is NOT required for a Pre-Application Inspection).
- Dimensional site plan showing all buildings on site, access driveways, setbacks from property lines, and distances between buildings. Include fenced areas and exits to the street.
- Floor plan showing all rooms, interior and exterior doors, windows, bedrooms, common use areas, attached garages, etc. Indicate the use of each room on the plan.
- Number and location of client bedrooms. Please specify how many clients are ambulatory vs. non-ambulatory and the location of their respective bedrooms. (Residential Care Facility only)
- Location of any ramps for all interior and exterior changes in elevation for all exit paths, including slope, handrails, guardrails. (Residential Care Facility only)
- Information and location of all smoke and carbon monoxide alarms, fire extinguishers, fire alarms, fire protection systems, water tanks and hydrants, as applicable.

### FIRE CLEARANCE AND ANNUAL FEES

OCC. CLASS	INSPECTION TYPE	FEES
<input type="checkbox"/> N/A	Pre-License Clearance Inspection	\$ 204.00/hr x ____ = \$ _____
<input type="checkbox"/> N/A	Initial Fire Clearance (Form 850 or Agency Request) (≤ 6clients)	\$ 0.00
<input type="checkbox"/> E	Annual - Day Care Facility (≥7 Clients NOT requiring assistance)	\$ 337.00
<input type="checkbox"/> I-2	Annual - Hospitals/Nursing Homes/Detox. Facilities	\$ 337.00
<input type="checkbox"/> I-4	Annual - Day Care Facilities (≥7 Clients requiring assistance)	\$ 337.00
<input type="checkbox"/> R-2.1	Annual – Residential Care Facility	\$ 399.00
<input type="checkbox"/> R-4	Annual - Residential Care Facility	\$ 322.00
<input type="checkbox"/> N/A	All Facilities – Initial inspection up to 2 hours, additional hour(s)	\$ 123.00 x ____ = \$ _____

**TOTAL FEE = \$** \_\_\_\_\_

SUBMITTED BY (please print)	SIGNATURE	DATE

### FOR SBCFD USE ONLY

PAYMENT RECEIVED	PAYMENT TYPE	DATE RECEIVED	RECEIVED BY
\$	<input type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD		