FIRE JURISDICTION AUTHORIZATION FORM
For Ministerial & Minor Design Review Permits

Directions to applicant: Deliver this Authorization Form and a set of plans to the designated governing fire jurisdiction. The completed form & authorization is required prior to the issuance of your building permit.

(Lines below to be completed by Permit Technician)

B. & S. Div. Tracking No.: __________
Permit application date: ___/___/____
Address: ____________________________________________________________
______________________________________________________________
APN: __________-________-_______________
Description: ________________________________________________________
_________________________________________________________________

GOVERNING FIRE JURISDICTION

Marin County Fire Dept.
Fire Agency
33 Castle Rock Ave. (PO Box 518) Woodacre, 94973
Address
(415) 499-6566
Phone

(Lines below to be completed by Applicant)

Owner Name: _______________________ Contact: _______________________
Address: __________________________ Address: _______________________
___________________________________  __________________________________
Phone: ________________________  Phone: ___________ ______________
E-mail: ________________________ E-Mail: __________ _______________

(Lines below to be completed by Fire Jurisdiction)

Fire District Tracking No: __________

☐ Authorized as submitted
☐ Authorized subject to the attached requirements

Signature of authorizing fire jurisdiction representative: __________________________
Date: _____/___/____

http://www.co.marin.ca.us/depts/CD/main/index.cfm