



# AUTOMATIC FIRE-EXTINGUISHING SYSTEM

CITY OF ENCINITAS FIRE DEPARTMENT  
505 South Vulcan Avenue  
Encinitas, California 92024  
(760) 633-2820 ▪ [fireprevention@encinitasca.gov](mailto:fireprevention@encinitasca.gov) ▪  
[www.encinitasca.gov](http://www.encinitasca.gov)



A construction permit is required per CFC Section 105 for the installation of or modification to an automatic fire-extinguishing system. A minimum of three (3) sets of plans, calculations and specifications required for submittal (separate attachments for digital submittals). A permit shall be obtained prior to installation. Complete the following information and submit with the plan review and inspection fee to the Fire Department.

A current business registration is required for any individual, group, or corporation conducting business within the City of Encinitas (EMC 6.60). For any questions regarding the business registration process, contact the City Clerk's Department at 760-633-2601 or [clerkstaff@encinitasca.gov](mailto:clerkstaff@encinitasca.gov).

**TYPE OF SYSTEM:**     Fire Sprinkler System     Kitchen Hood (UL300)     Clean Agent  
Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Single Tank  Multiple Tank   
Fire Sprinkler Type:  NFPA 13D     NFPA 13R     NFPA 13

**ATTACHMENTS:** *(Check all that apply.)*  
 Site Plan     Floor Plan(s)     Calculations     Specifications     Water Pressure/Fire Flow     Other \_\_\_\_\_

**PROPERTY/LOCATION:**  
Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_

**PROPERTY OWNER:** *(Check box for contact preference: email, home phone, etc.)*  
Company Name: \_\_\_\_\_  Business Phone: \_\_\_\_\_  
Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
 Email: \_\_\_\_\_  Home Phone: \_\_\_\_\_  Mobile Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Installing Contractor:** *(Check box for contact preference: email, home phone, etc.)*  
Company Name: \_\_\_\_\_  
Contractor's Lic. No.: \_\_\_\_\_  Business Registration No.: \_\_\_\_\_  
Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
 **Email:** \_\_\_\_\_  Business Phone: \_\_\_\_\_  Mobile Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
**Signature** **Date**

**Please Print or Type Signatory's Name**