



# Huntington Beach Fire Department APPLICATION FOR STATE FIRE CLEARANCE

(714) 536-5411 • Fax (714) 374-1551 • fireprevention@surfcity-hb.org

**Authority Cited:** Huntington Beach Fire Code, CCR Title 19

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 agencies, including the Community Development Department to obtain all information needed to convert your property into a Licensed Care facility.

Note: This application will also be reviewed by the Community Development Department for appropriate approvals. It is advised that applicants contact the zoning and building counters located on the third floor of City Hall to verify appropriateness of the proposed use.

## A. APPLICATION INFORMATION

Application Name: \_\_\_\_\_

Owner: \_\_\_\_\_  
*First and Last*

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant:  Same as owner \_\_\_\_\_  
*First and Last*

Organization: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Numbers Office: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Mobile: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_-\_\_\_\_

**B. TYPE OF INSPECTION** Check One:  Initial Fire Clearance  Pre-Application Inspection

**C. USE** Check one:  Daycare  Private School  Hospital/Medical  
 Cooperative Living Arrangement  Residential Care Facility Elderly

**D. PATIENT / STUDENT COUNT** Indicate number of Ambulatory \_\_\_\_\_ Non Ambulatory \_\_\_\_\_ Bedridden \_\_\_\_\_

**E. OTHER REQUIRED INFORMATION** Must be submitted and/or attached before proceeding with inspection

- Prior to an INITIAL FIRE CLEARANCE inspection, a completed State of California Fire Safety Inspection Request (STD 850 form) must be received by this office from the state agency. (NOTE: The STD 850 form is NOT required for a Pre-Application Inspection.) Must be within 6 months of inspection request.
- 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 of the building that shows 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 detectors, fire extinguishers, fire alarm pull station/bell, fire sprinkler system riser/inspectors test valve/Fire Department Connection (FDC), fire protection water tank and hydrant, if applicable.



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## F. FEES – *invoiced after inspection*

Fees shall be assessed based on how many clients your facility will be licensed to serve:

**PRE-APPLICATION:**       25 clients or less (\$50.00)       26 or more clients (\$100.00)  
*Fees will be charged per inspection. Re-inspection must include a new application.*

**INITIAL FIRE CLEARANCE:**     6 clients or less: No Charge     Over 6 clients: (hourly rate per fee schedule)  
*No re-inspections for failed inspections. It is advised to obtain pre-application inspections in advance of a fire clearance.*

G. Applicant Signature: \_\_\_\_\_ Application Date: \_\_\_\_\_

### FOR FIRE DEPARTMENT USE

#### FIRE DEPARTMENT WORKFLOW

Application Received \_\_\_\_\_ date      Entered \_\_\_\_\_ date

Permit Tech Review \_\_\_\_\_ initial/date

- 850 FORM Received and completely filled out.
- Dimensional site plan adequate.
- Floor plan adequate.
- Number and location of client bedrooms identified.
- Location of any ramps for all interior and exterior changes in elevation for all exit paths, including slope, handrails and guardrails identified. *(Residential Care Facility only)*
- Information and location of all smoke detectors, fire extinguishers, fire alarm pull station/bell, fire sprinkler system riser/inspectors test valve/Fire Department Connection (FDC), fire protection water tank and hydrant, if applicable identified.

Planning Review       Zoning ok.

Building Review       Building class \_\_\_\_\_. Building ok.

Fire Protection Analyst Review: \_\_\_\_\_ initial/date

- Submittal OK
- Resubmittal Required *no additional fee required*
- Assign Inspection - Inspection Schedule Date: \_\_\_\_\_

Fire Inspector complete inspection and result \_\_\_\_\_ date entered

#### CLOSE WORKFLOW