WILLIAMS FIRE PROTECTION AUTHORITY
P.O. BOX 755 - 810 E STREET
WILLIAMS, CA 95987
(530) 473-2269 PHONE
(530) 473-3174 FAX

FIRE DEPARTMENT SIGN-OFF FORM

Complete items 1 through 8 - Please type or print

1. Name of Applicant _____

2. Address of Property _____

3. Contact Person _____ Phone # ( ) _____

4. Mailing Address _____

5. Project Description _____

6. Colusa County Assessors Parcel Number _____

7.

RESIDENTIAL:	Single Family	_____	Sq. Ft.	@	$ 1.71	per Sq. Ft. =	_____
	Multi Family	_____	Sq. Ft.	@	$ 2.41	per Sq. Ft. =	_____
	Mobile Home	_____	Sq. Ft.	@	$ 1.53	per Sq. Ft. =	_____
COMMERCIAL:	Retail	_____	Sq. Ft.	@	$ 1.09	per Sq. Ft. =	_____
	Office	_____	Sq. Ft.	@	$ 1.63	per Sq. Ft. =	_____
	Medical	_____	Sq. Ft.	@	$ 1.53	per Sq. Ft. =	_____
	Educational	_____	Sq. Ft.	@	$ 1.18	per Sq. Ft. =	_____
	Manufacturing	_____	Sq. Ft.	@	$ 0.64	per Sq. Ft. =	_____
	Other	_____	Sq. Ft.	@	$ 0.54	per Sq. Ft. =	_____

8. A COPY OF THE BLUE PRINTS SHOWING THE SQUARE FOOTAGE MUST BE SUBMITTED.
(The Blue Prints will be returned.)

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I, THE UNDERSIGNED APPLICANT, CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE.

_____ _____
Signature of Applicant or Agent Date

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This Section For Fire Department Use Only

_____ _____ $ _____
Signature of Fire Chief Date Impact Fee Due

COMMENTS _____

_____

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APPLICANT WILL NEED TO RETURN SIGNED FORM TO BUILDING DEPARTMENT

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This Section for Building Department Use Only

Forward copy of signed form along with money receipt to:
(1) Cash Clerk with fees
(2) Finance Officer
(3) Fire Chief