



CITY OF RIDGECREST

Smoke Alarm and Carbon Monoxide Alarms Certification Form

Public Works Department-Bldg.
100 W. California Ave.
Ridgecrest, CA 93555
(760) 499-5071
permits@ridgecrest-ca.gov

City use Only
Permit No.: _____
Date: _____

The California Residential Code (CRC) Sections R314 and R315 require that smoke alarms and carbon monoxide alarms be installed when alterations, repairs or additions are performed. Generally, the alarms are required to be hard-wired, have battery backups, and be interconnected. However, they may be solely battery-operated under certain conditions as outlined in the CRC. Please refer to the appropriate sections of the CRC for more information. The alarms are required to be installed prior to the final inspection. An adult must be present during the final inspection to allow an inspector within the home to verify compliance with the above requirements. If an adult will not be present, you may complete the portion below to certify smoke and carbon monoxide alarms are installed in accordance with the CRC.

If you opt to forego this certification, the building inspector must have access to perform adequate inspections. Failure to complete this Certification Form or provide access to the inspector will result in an unfinished permit and possible expiration/cancelation of the permit. Please leave this signed Certification Form with the job card.

Permit Number: _____

Project Address: _____

I hereby certify smoke alarms and carbon monoxide alarms have been installed in accordance with the CRC. (Must be signed by either the contractor or the property owner.)

Owner Signature

Print

Date

Contractor Signature

Print

License No.

Date



CITY OF RIDGECREST

Permit Application

• Building • Electrical • Plumbing • Mechanical • Sign • Demolition • Moving

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Permit No.: _____
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Paid On: _____

Applicant/Contractor Information

Applicant/Contractor		
Owner(s):	Business Name:	
Contractor's License No:	Exp. Date:	
Mailing Address:		
City:	State:	Zip:
Phone:	Email:	

Licensed Design Professional Information

Licensed Design Professional		
Names(s):		
Mailing Address:		
City:	State:	Zip:
Phone:	Email:	

PERMIT INFORMATION

Property Project Address/ Owner Information		
Name(s):		
Phone:	Email:	
Address:		
City:	State:	Zip:
Mailing Address:		
City:	State:	Zip:
Assessor's Parcel Number:	Tract No.:	Lot No.:

Project Description [Scope of Work]

Building Information

Project Total Valuation: _____

Square Footage: _____ Main: _____ Garage: _____

Patio: _____ Fireplace: _____

Residential Information

Construction Type: _____

Occupancy: _____

PERMIT FEES

Fees

Building: _____

School: _____

Plan Check: _____

Sewer: _____

Plumbing: _____

Sign: _____

Electric: _____

Other: _____

Mechanical: _____

Other: _____

SMIP: _____

Total Fees Due:

Applicant Signature

Applicant Printed

Date