



DEPARTMENT OF FORESTRY AND FIRE PROTECTION
OFFICE OF THE STATE FIRE MARSHAL
Fire and Life Safety Division
 P.O. Box 944246
 SACRAMENTO, CA 94244-2460
 (916) 445-8550
 Website: www.fire.ca.gov



LOCAL FIRE AUTHORITY – ACCESS APPROVAL

Project: _____

Address: _____

CSFM File Number: _____ DGS Project #: _____
(Only if applicable) (Only if applicable)

Pursuant to Title 19, California Code of Regulations, Article 3, Section 3.05, Fire Department Access and Egress, it is necessary to provide the California State Fire Marshal with written certification from the local fire authority that the above section is being met to their satisfaction.

Please return this form with all sections filled in completely. Without this form, California State Fire Marshal approval may be delayed. If you have any questions, please contact the California State Fire Marshal Plan Review Unit at (916) 445-8550.

The local fire authority shall consider the following items,

Approved	Yes	No
Fire Department Access		
Fire Department Connection		
Fire Hydrant		
Fire Alarm Annunciator		
Fire Alarm Control Panel		
Knox Box		
Emergency Responder Radio Coverage		

Local Fire Authority: _____
 Address: _____
 City/State/ZIP: _____

Approval issued by: _____
 Rank/Title: _____
 Phone Number: _____
 Signature: _____ Date: _____