

**DEPARTMENT OF FORESTRY AND FIRE PROTECTION****Office of the State Fire Marshal**

P.O. Box 944246 SACRAMENTO,

CA 94244-2460 (916) 568-3801

Website: www.osfm.fire.ca.gov**LOCAL FIRE AUTHORITY – ACCESS APPROVAL**

Agency & Project Name_____

Address:_____

GovMotus Control Number:_____

Pursuant to CCR Title 19 §3.00 and §3.05, the California State Fire Marshal is requesting certification from the local fire authority that the above sections are met to their satisfaction.

This form shall be scanned to the accompanying fire access plan reflecting all items under consideration, and wet signed by the local fire authority. Please complete all applicable items based on scope. California State Fire Marshal project approval may be delayed until this form is completed and returned. If you have any questions, please contact the California State Fire Marshal Plan Review Section at OSFMFireLifeSafetyGOVmotus@fire.ca.gov.

Approved	Yes	No
Fire Department Access		
Fire Department Connection		
Fire Hydrant		
Fire Alarm Annunciator		
Fire Alarm Control Panel		
Knox Box		
Emergency Responder Radio Coverage		
Medical Emergency Service Elevator		
Fire Service Access Elevator		
Bi-Directional Amplification (BDA) Systems		

Local Fire Authority: _____

Address: _____

City/State/ZIP: _____

Approval issued by: _____

Rank/Title: _____

Phone Number: _____

Signature: _____ Date: _____