



FIRE SAFETY EXCEPTION APPEAL APPLICATION

FILING FEE: \$500 (Lassen County Code Section 3.18.020)
 DEPARTMENT OF PLANNING AND BUILDING SERVICES
 707 Nevada Street, Suite 5 · Susanville, CA 96130-3912
 (530) 251-8269 · (530) 251-8373 (fax)
 www.co.lassen.ca.us

Form must be typed or printed clearly in black or blue ink. All sections must be completed in full.
 This application consists of two pages; only attach additional sheets if necessary.

FILE NO. _____

Property Owner/s	Appellant Same as Property Owner: <input type="checkbox"/>
Name:	Name:
Mailing Address:	Mailing Address:
City, ST, Zip:	City, ST, Zip:
Telephone: Fax:	Telephone: Fax:
Email:	Email:

Applicant/Authorized Representative*	Agent (Land Surveyor/Engineer/Consultant)
Same as above: <input type="checkbox"/> Same as Appellant: <input type="checkbox"/>	Correspondence also sent to: <input type="checkbox"/>
Name:	Name:
Mailing Address:	Mailing Address:
City, ST, Zip:	City, ST, Zip:
Telephone: Fax:	Telephone: Fax:
Email:	Email: License #:

Project Address or Specific Location:			
Deed Reference: Book:	Page:	Year:	Doc#:
Zoning:	Date of Fire Warden's Determination (attach appeal notice or signed exception):		
General Plan Designation:			
Parcel Size (acreage):	Section:	Township:	Range:

Assessor's Parcel Number(s):	- -	- -	- -
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Please describe the basis of the Appeal of the Fire Warden's determination:

SIGNATURE OF APPELLANT: I HEREBY ACKNOWLEDGE THAT: I have read this application and state that the information given is both true and correct to the best of my knowledge. I agree to comply with all County ordinances and State laws concerning this application.	*SIGNATURE OF APPLICANT/AUTHORIZED REPRESENTATIVE (Representative may sign application on behalf of the property owner/appellant only if Letter of Authorization from the owner/s is provided, or if they have an appropriate contractor's license.)
Date:	Date:
Date:	Date: