



# FIRE PREVENTION BUREAU

408 E Whitman Pocatello, ID 83201-6450  
 (208) 234-6201 ♦ Fax: (208) 233-4034  
 Prevention Bureau (208) 234-6203  
 David Gates, Fire Chief  
 Andy Holmes, Fire Marshal



## LIFE SAFETY SYSTEMS OPERATIONAL PERMIT APPLICATION

To qualify, the applicant(s) must:

1. Possess any and all applicable licenses require by the State Fire Marshal’s office, City of Pocatello or other applicable laws for the type of application submitted;
  - a. State Requirement- Workman’s compensation insurance is in force if employees are hired by the applicant.
2. Pay the required fees associated with this application as set forth in the currently adopted City of Pocatello Fee resolution;
3. Maintain at all times, general liability insurance coverage in an amount not less than \$500,000.00;
  - a. Each insurance policy shall carry a rider listing and carrying the Pocatello Fire Department -Fire Prevention Bureau 408 E. Whitman Pocatello, Idaho 82301 as a certificate holder under the policy and shall contain a clause or provisions wherein the Pocatello Fire Department –Fire Prevention Bureau be notified in case of lapse, cancellation, or expiration of the policy or policies.
4. Agree to the terms and conditions of permit issuance as allowed by applicable law. \*
 

*\* Pocatello Fire Department requires compliance with the latest adopted International Fire Code, NFPA, and municipal codes.*

Application submittal shall include:

1. This completed application form,  
*Note: Incomplete applications will not be accepted or processed, and will not be returned to the applicant;*
2. Supporting documentation including training, licenses, certifications and that listed above.
3. Payment for said permit.

**ISSUANCE OF AN OPERATIONAL PERMIT IS NOT A WORK PERMIT.**  
*ANY INSTALLATION OR MODIFICATION TO LIFE SAFETY SYSTEMS WILL REQUIRE A SEPARTE WORK PERMIT, AND WILL ONLY BE ISSUED TO THOSE PROVIDERS WHICH POSSES A CURRENT AND VALID OPERATIONAL PERMIT.*

COMPANY/BUSINESS INFORMATION			
Name:		Phone:	
Address:	City:	State:	Zip:
Email:	State FPSC #	Pocatello Operational Permit #	
LICENSING COORDINATOR INFORMATION			
(If different from above)			
Name:	Phone:	Extension:	
Email:			

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Application type:	New    Renewal	Fee Paid:	Yes    No
Application Complete:	Yes    No	Number issued:	
Disposition:	Accepted    Rejected	Reason:	