



City of Fairfield

EMERGENCY HOMELESS SHELTER PERMIT - APPLICATION

Homeless Services, 1000 Webster Street, Fairfield, CA 94533
Telephone: 707-428-7679 Website: www.fairfield.ca.gov/thewayhome

PROJECT INFORMATION		
PROGRAM NAME (If Applicable):	ADDRESS / LOCATION OF EMERGENCY SHELTER USE:	
PRIMARY CONTACT:	ADDITIONAL LOCATION(S) IF ANY:	
DURATION OF EMERGENCY SHELTER USE: Operation Date & Time: (Start) _____ to (End) _____		
BRIEF DESCRIPTION OF SHELTER OPERATIONS:	ESTIMATED NUMBER OF PARTICIPANTS:	
TYPICAL SUBMITTAL ITEMS (as determined by the project planner):		
<input type="checkbox"/> Project Plans <input type="checkbox"/> Submitted Zoning Review and Building Inspection <input type="checkbox"/> Statement of Proposed Operation Plan <input type="checkbox"/> Emergency Response Safety Plans <input type="checkbox"/> History of Operations <input type="checkbox"/> Certificate of Insurance		
APPLICANT / OPERATOR NAME:	APPLICANT / OPERATOR ADDRESS:	CITY / STATE / ZIP:
	E-MAIL ADDRESS:	PHONE NUMBER: ()
PROPERTY OWNER / AUTHORIZED AGENT NAME:	OWNER / AGENT ADDRESS:	CITY / STATE / ZIP:
PROPERTY OWNER / AUTHORIZED AGENT'S TITLE:	E-MAIL ADDRESS:	PHONE NUMBER: ()

OWNER'S SIGNATURE	
<p>In signing this application, I, as the property owner/authorized agent (circle one), have the full legal capacity to, and hereby do, authorize the filing of this application. I have read and agree to abide by the regulations and conditions of approval listed on this application. I understand that any misrepresentation of submitted data may invalidate any approval of this application. If the use is not operated in compliance with these regulations, the permit may be revoked by the Permit Administrator.</p>	
PROPERTY OWNER / AUTHORIZED AGENT SIGNATURE:	DATE:

APPLICANT'S SIGNATURE	
<p>I declare under penalty of perjury that all of the submitted information is true and correct to the best of my knowledge and belief. I have read and agree to abide by the regulations and conditions of approval listed on this application. I understand that any misrepresentation of submitted data may invalidate any approval of this application. If the use is not operated in compliance with these regulations, the permit may be revoked by the Permit Administrator.</p>	
APPLICANT / OPERATOR SIGNATURE:	DATE:

FOR CITY USE ONLY		
EMERGENCY HOMELESS SHELTER PERMIT NO.:	ADMIN ASSIGNED:	DATE RECEIVED:



City of Fairfield

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(continued)

FOR CITY USE ONLY

PROGRAM NAME:		LAND USE PERMIT NO.:	
PERMIT ADMINISTRATOR ACTION:	<input type="checkbox"/> APPROVED BY:	<input type="checkbox"/> DENIED BY:	DATE OF ACTION:
SIGNED APPROVAL FROM THE FOLLOWING DEPARTMENTS <i>(as determined by the permit administrator)</i> :			
<input type="checkbox"/> Planning Division 1000 Webster Street (707) 428-7461	PRINTED NAME:	AUTHORIZED SIGNATURE / DATE:	
<input type="checkbox"/> Code Enforcement Division 1000 Webster Street (707) 428-7587	PRINTED NAME:	AUTHORIZED SIGNATURE / DATE:	
<input type="checkbox"/> Fire Marshal 1000 Webster Street (707) 428-7550	PRINTED NAME:	AUTHORIZED SIGNATURE / DATE:	
<input type="checkbox"/> Chief Building Official 1000 Webster Street (707) 428-7442	PRINTED NAME:	AUTHORIZED SIGNATURE / DATE:	
<input type="checkbox"/> Homeless Services Division 1000 Webster Street (707) 428-7679	PRINTED NAME:	AUTHORIZED SIGNATURE / DATE:	

CONDITIONS OF APPROVAL

1. The shelter use authorized by this approval shall be in substantial conformance with the written description and project plan sheets date-stamped approved on _____, unless modified herein.
2. The shelter use shall not be transferable to any firm, individual, or other address. Any substantial change or modification of the project application or conditions will necessitate the filing of a new emergency homeless shelter permit application as determined by the Permit Administrator.
3. The permit shall be valid for one year from the date of issuance. The emergency homeless shelter permit shall expire one year from the date of issuance and a new permit must be obtained for use after the one-year period.
4. If necessary, to ensure the public health, safety, and welfare, the Permit Administrator may impose additional operating conditions and restrictions upon the proposed project.
5. The permit may be revoked by the Permit Administrator effective immediately upon verbal or written notice of violation of the terms of the permit. Verbal notice shall be confirmed by written notice mailed to the applicant/permit operator within two working days.
6. If a building permit is required, the Building Safety Division shall review and approve all building permit plans prior to issuance of the building permit.
7. I authorize the City and related Divisions to conduct random and scheduled inspections of operations to ensure life and safety requirements are adhered to. _____ (Applicant Initial)
8. A Temporary Certificate of Occupancy shall be obtained from the Building Safety Division prior to the use of the facility as outlined in the Emergency Homeless Shelter Permit.

Additional Project Specific Conditions:
