



CITY OF SOLANA BEACH

635 S. HIGHWAY 101
SOLANA BEACH, CA 92075
(858) 720-2460
www.cityofsolanabeach.org

FORM B

ANNUAL FIRE INSPECTION FEE EXEMPTION APPLICATION

Business Certificate Applicant:

Business Name or DBA: _____

Physical Business Address: _____

City: _____ State: _____ Zip: _____

Business Owner Name/Parent Organization: _____

Business Certificate # (if applicable): _____

Landlord/Primary Lease Holder:

(The business that pays the annual fire inspection fee with a business certificate/renewal)

Business Name or DBA: _____

Physical Business Address: _____

City: _____ State: _____ Zip: _____

Business Owner Name/Parent Organization: _____

Business Certificate #: _____

Applicant Signature: _____ Date: _____

Building Owner/Landlord Signature: _____ Date: _____

Qualifications for the Annual Fire Inspection Fee Exemption

Some examples of businesses that qualify are co-working facilities and independent beauticians/barbers. These are shared office/workspaces within a building that receives an annual fire inspection. If you are not sure you qualify, please contact the Planning Department at (858) 720-2445 or the Code Compliance Department at (858) 720-2413.