



SELF-CERTIFICATION FOR APARTMENTS AFFIDAVIT

INSTRUCTIONS:

The mission of the Sacramento Fire Department is to provide the community with a fire-safe environment. The Fire Department proactively maintains the highest level of public safety and emergency service. Annual fire inspections are conducted to insure all buildings, including apartment complexes, are safe and in compliance with the California Fire Code. Due to increases of required inspections, the Fire Department presently offers owners of small apartment complexes (3 to 15 units) an opportunity to participate in a voluntary self-certification program four out of every five years.

If your apartment complex is 16 or more rental units, please call (916) 808-6704 to schedule an inspection.

If your apartment is 3 to 15 units, please follow these steps:

1. Complete the affidavit. The completeness and accuracy of the information provided on this form is essential to your participation in the program. If any information should change after this form is submitted, please contact the Fire Prevention Division.
2. **Send both pages of the completed affidavit to:**

Sacramento Fire Department
Fire Prevention Division
5770 Freeport Blvd., Ste 200
Sacramento, CA 95822
3. Do not send payment at this time. You will be invoiced once your affidavit is processed.

Your fire permit will be mailed to you once your payment is processed.

Thank you for your participation. With your assistance, we can help reduce the number of fires and property damage, and also reduce the number of injuries and deaths. Should you have any questions, please contact the Fire Prevention Division at (916) 808-6215.

City of
SACRAMENTO
Fire Department
Self-Certification for Apartments Affidavit

*** Mandatory Fields**

***Total Number of Units:** _____

***Apartment Address:** (number) _____ (street) _____

***Apartment Address:** (city) _____ (zip) _____

***Business Name:** (DBA) _____

***Business Phone:** (XXX) XXX-XXXX _____

Contact Information: This information is not for public use and is kept for emergency use only.

***Owner's Name:** _____

***Owner's Address:** (number) _____ (street) _____ (unit) _____

***Owner's Address:** (city) _____ (zip) _____

***Owner's Phone:** (XXX) XXX-XXXX _____

Owner's Email: _____

***Preferred Mailing Address:** _____

Alternate Phone: (name) _____ (XXX) XXX-XXXX _____

Alternate Phone: (name) _____ (XXX) XXX-XXXX _____

1. Does your apartment complex have a locked security gate(s) or locked building entrance(s)?
 No (skip to question #3) Yes
2. Do you have a Knox Box/Knox key switch? No (go to question #3) Yes
3. Fire Sprinkler System: No Yes, please provide 5 year certification date: _____
4. If you have a security gate or locked building, a Knox Box/Knox key switch is required to be Self- Certified. Before going further, please contact the Fire Department at (916) 808-1300 to obtain information regarding the Knox Box program.

