

ALBANY CALIFORNIA

CITY OF ALBANY



FIRE DEPARTMENT
1000 SAN PABLO AVENUE
ALBANY, CA 94706
510 528-5770

www.AlbanyCA.org/fire

Date: _____

I _____ do hereby attest that as part of the approval and ongoing conditional process of my Home Business Permit, that I am in compliance with the following Fire Department conditions:

1. That all of my residential smoke alarms are Photoelectric ONLY.
2. That a fire extinguisher is encouraged to have on the premises. If a fire extinguisher is on site it shall have a minimum rating of 2:A 10:BC, be mounted correctly, and that is shall be inspected and serviced annually by a fire extinguisher service company licensed by the State of California.

Signature

Address
