



Santa Clara County FireSafe Council

Mobilizing the people of Santa Clara County to protect their homes, communities and environment from wildfires

14380 Saratoga Avenue, Saratoga, CA 95070 • Phone (408) 975-9591 • www.SCCFireSafe.org

Wildfire Prevention Projects Permission Form RIGHT OF ENTRY PERMIT

Property Street Address "Property"		Start Date:	End Date:
Property cross street or other location identifier:		APN:	
Property Legal Owner Name(s):			
Owner Representative Name:		Owner Representative Title: (eg. Tenant, Property Manager, CEO, etc)	
Owner/representative mailing address if different:			
Owner/representative phone number:		Owner/representative email address:	
Resident names:			
Resident phone number:		Resident email address:	
FireSafe Council Project Name/Phase			
Santa Clara County FireSafe Council Project Coordinator/Authorized Representative Name:			
Coordinator phone number:		Coordinator email address:	

I, _____ the Owner/Owner's Representative ("Owner"), hereby permit the Santa Clara County FireSafe Council and its officers, directors, employees, designees, agencies, agents, representatives, contractors, subcontractors, and volunteers ("SCCFSC"), to enter the Owner's Property located at the above-referenced address for those purposes described as follows:

1) Right of Entry—Permission is hereby granted and Owner hereby grants to the SCCFSC a right of entry ("Permit") to enter upon the Property. Permit authorizes SCCFSC to access **only** the following checked locations:

- All outdoor areas on entire Property
- Any roads, driveways, or paths where owner holds title or easements
- Front yard Back yard Outbuildings
- House/Residence Other _____

Property Address: _____ Date _____

- 2) Purpose – Permit is granted for the purposes of:
 - a) Hazardous Fuels Reduction (HFR) as indicated below.
 - Project planning and marking only. Please return for final approval to perform work.
 - Planning and performing HFR treatments as specified in attached Scope of Work. Scope of Work with details for this permit is attached and incorporated by reference herein.
 - b) Home Ignition Zone (HIZ) consultation
 - Evaluation of structural vulnerability to wildfire.
- 3) Receipt of Education & Information Materials – Owner has received the following materials, which are all part of this Permit.
 - Verbal explanation of SCCFSC’s process for planning and implementing HFR projects.
 - Hazardous Fuel Reduction Treatment Projects Property Owner Information.
 - Project Information & Disclosures.
 - LIVING WITH FIRE
 - EMBER AWARE
 - Other _____
- 4) Limitations – It is fully understood that this Permit does not create any obligation on the SCCFSC to perform any HFR treatment or other work. Owner retains full responsibility for maintaining defensible space around structures as required by law. SCCFSC projects may be cancelled at any time due to weather, lack of funding, or for any other reason.
- 5) Release and Indemnification. SCCFSC shall not be liable for, and Owner shall release, discharge, indemnify and hold harmless the SCCFSC and any of its officers, directors, employees, designees, agencies, agents, representatives, contractors, subcontractors, and volunteers against any claims, deductibles, self-insured retentions, demands, liability, judgments, awards, fines, mechanics’ liens or other liens, labor disputes, losses, damages, expenses, personal injury, charges or costs of any kind, whether in law or equity (collectively, “Claims”), which arise out of or are in any way related to this Permit.
- 6) Authority. Owner represents and warrants that it has full power and authority to execute and fully perform its obligations under this Permit pursuant to its governing instruments, without the need for any further action, and any the person(s) executing this Permit on behalf of the Owner are the duly designated agents of Owner and are authorized to do so, and that fee title to the Property vests solely in Owners. This is the parties’ entire agreement regarding the Permit.
- 7) Signatures – IN WITNESS WHEREOF, Owner and SCCFSC have executed this Permit:

Owner please initial on left to confirm you got these

By: Owner/Representative (print name)	Owner/Representative Signature
I CERTIFY THAT I AM THE OWNER OR THAT I HAVE THE LEGAL AUTHORITY TO SIGN A RIGHT OF ENTRY ON BEHALF OF THE PROPERTY OWNER:	
	x
By: SCCFSC authorized representative (print name)	SCCFSC Signature:
	x
Date:	

Property Address: _____ Date _____



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Hazardous Fuel Reduction Treatment Projects Permission Form **RIGHT OF ENTRY PERMIT**

Map page for details on location of treatments. Draw in landmarks and treatment areas.