

PERMIT APPLICATION

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FIRE PROTECTION PERMIT

Municipality _____ County _____ Lot# _____ Block _____ Tax Parcel _____

Construction Site Location _____ Date Received _____

Owner _____ Tenant _____

Address _____ Address _____

State _____ Zip _____ Phone# _____ State _____ Zip _____ Phone# _____

Describe proposed work in detail: _____

State Classification: New Commercial _____ Other Commercial _____ New Residential _____ Other Residential _____

FIRE PROTECTION PERMIT

Contractor _____

(if owner, put same name above)

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Fed Employee No. _____

(Certificate of Insurance for Workers Compensation needed or
sign exemption form)

Estimate of total costs for all work _____

Technical Site Data:

Water Supply Source _____

Method of Alarm/Supr. Sys Supervised _____

Storage Tanks:Type - ☐ Flammable Liquid ☐ Combustible Liquid☐ LPG ☐ LNG Capacity _____ Fuel _____Alarm Systems ☐ 110V Interconnected☐ System

No.

ITEM

_____ Alarm devices (smoke, heat, pulls, waterflow)

_____ Supervisory devices (tamper, low/high air)

_____ Signaling devices (horns/strobes, bells)

_____ Fire pump GPM Type

_____ Dry pipe/Alarm valves

_____ Sprinkler heads (dry & wet)

_____ Standpipes

_____ Wet chemical or Dry chemical

Circle one: CO2 suppression-Foam suppression-Halon suppression

Others: _____

Estimate of total costs for all work _____

Signature: _____

Owner ☐ Contractor ☐ Owner Representative ☐**CODE OFFICIAL USE ONLY**

Plans Approved _____ Plans Approved with Comments _____

UCC Fire Protection Fee: _____

Plan Review Fee: _____

Admin. Fee: _____

State Fee: _____

Total Cost: _____

Code Official: _____ State Cert.# _____

Date Issued: _____

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