

PERMIT APPLICATION

FIRE PROTECTION PERMIT

Municipality _____ County _____ 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 signed 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: _____