

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: _____