

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: _____