



Fire Protection Permit Application

All Permits Require Construction Documents Consisting of 1 Digital and 1 Paper Copy

Property Owner			
Name: _____		Phone # _____	
Address: _____		City: _____	State: ____ Zip Code: _____
Name of Business (if applicable) _____			
Address of where work is being performed: _____			
Email Address: _____			
Contractor			
Name of Company: _____		Office # _____	
Contact Person: _____		Contact Phone # _____	
Email: _____			
Will Sub Contractors be used: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please list: _____			
Description of Work/Job			
<input type="checkbox"/> Fire Alarm System (Total # of devices) _____			
<input type="checkbox"/> Fire Sprinkler System (Total # of heads) _____ (# of Zones) _____ (Fire Pump) <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Underground Fire Main (Total linear feet long) _____ (# of Hydrants?) _____ (Vault) <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Kitchen Hood Suppression System <input type="checkbox"/> Paint Booth Suppression System			
<input type="checkbox"/> Installation of Storage Tanks: Above-Ground # _____		Underground # _____	
<input type="checkbox"/> Removal of Storage Tanks: Above-Ground # _____		Underground # _____	
Miscellaneous			
Classification /	Type	City Water	Number of Stories
<input type="checkbox"/> Commercial	<input type="checkbox"/> New	<input type="checkbox"/> Existing	Above Grade _____
<input type="checkbox"/> Residential	<input type="checkbox"/> Addition	<input type="checkbox"/> New	Below Grade _____
	<input type="checkbox"/> Remodel	<input type="checkbox"/> Not Applicable	

(Print) Name of Applicant: _____

Signature: _____ Date: ____ / ____ / ____

Following the 2012 International Fire Code