

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: \_\_\_\_\_