



Fire / Sprinkler Permit

(1-2019)

New Building []

Existing/Remodel []

Construction Address:

Suite No.:

Floor:

Business Name:

Multi-Story [] Yes [] No

Strip Mall [] Yes [] No

Exact Location of Work:

Describe Work to be Performed:

Owner Information

Owner:

Address:

City:

State:

Zip:

Phone #

Fax #

E-Mail:

Contractor Information

Contractor:

Address:

City:

State:

Zip:

Phone #

Fax #

E-Mail:

Building Information

Describe Proposed Use For Building:

Total Height Of Building:

Total Number Of Stories:

Total Number Of Basement Levels:

Is Existing Building Sprinkled ?

If So, # Of Existing Heads:

Square Foot Of Coverage:

Is Building Total Sprinkled or Partially Sprinkled ?

Age of Existing Sprinkler System:

If Partially Sprinkled Explain:

Total of New and/or Replacement Sprinkler Heads:

Signature of Applicant: