



# Fire Suppression Permit

CITY OF BARTLESVILLE

New  Existing

Installation Address:	Suite No. Floor	Date received ___ / ___ / ___
Business Name:	Multi-Story <input type="checkbox"/> Yes <input type="checkbox"/> No	Strip Mall <input type="checkbox"/> Yes <input type="checkbox"/> No

**Owner Information**

Property Owner	Address	
City	State	Zip
Phone #	Fax #	E-Mail

**Contractor Information**

Installation Contractor	Address	License #
City	State	Zip
Phone #	Fax #	E-Mail

**Building and Suppression System Installation Information**

Describe Proposed Use For Building: \_\_\_\_\_

Type of System to be Installed: Dry Chemical\_\_\_, Inert Agent\_\_\_, Water Mist\_\_\_, Wet Chemical\_\_\_, Other\_\_\_\_\_

**Potential Hazards (if Applicable)**

Combustible Fibers  , Compressed Gases  , Cooking  , Cutting and Welding Works  , Dry Cleaning   
 Explosives  , Flammable/Combustible Liquids

Is Existing Building Sprinkled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Square Foot Of Coverage_____Sq. Ft.
Existing Heads___New Heads___	Alarm Operation to be: Manual <input type="checkbox"/> or Automatic <input type="checkbox"/>
Is Building Total Sprinkled <input type="checkbox"/> or Partially Sprinkled <input type="checkbox"/>	Total Heads Upon Completion:_____

If Partially Sprinkled Explain: \_\_\_\_\_

System Manufacturer:	City	State	Zip
Applicant Phone: Office ___ - ___ - ___ Cell: ___ - ___ - ___	Applicant: _____ Date _____		
Applicant Address:	E-Mail Address		

ALARM/SPRINKLER INSTALLATION APPROVED By \_\_\_\_\_ DENIED By \_\_\_\_\_

**CITY OF BARTLESVILLE OFFICIAL**

Official Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_