



## FIRE SUPPRESSION PERMIT APPLICATION

Date:			
Permit Address:			
Current Legal Description:	Block/Abstract:	Lot/Tract:	Addition/Survey:

### TENANT / LEASEE INFORMATION

Company Name:		Contact:	
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	

### PROPERTY OWNER INFORMATION

Company Name:		Contact:	
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	

### FIRE CONTRACTOR INFORMATION

Company Name:		Contact:	
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	

### PERMIT INFORMATION

<b>Property Use:</b> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	<b>Construction Value:</b>
<b>I have the owner's consent to perform this work?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>What is building used for?</b>
<b>Please indicate the number of nozzles that the system contains:</b>	<b>Type of system:</b>
<b>Type of work:</b> <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demolition	
<b>Briefly describe work to be done:</b>	

### PERMIT ACKNOWLEDGEMENT

<p>This permit, once issued, expires by limitation 180 days from the date of issuance unless construction is commenced and inspection approval is obtained within 180 days of issuance. The authority having jurisdiction shall be permitted to grant an extension of the permit time period for an additional 180 days upon written documentation by the permittee of a satisfactory reason for failure to start or complete the work or activity authorized by the permit. <b>Only one extension will be allowed. I understand that all permits require a final inspection.</b></p> <p>I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction of the performance of construction.</p>	
<b>Applicant Signature:</b>	<b>Date:</b>
<b>Printed Name:</b>	<b>Application Received By:</b>

*OFFICE USE ONLY*

**SUBMITTAL INFORMATION**

<b>Residential Project – 3 complete sets of plans submitted?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Commercial Project – 4 complete sets of plans submitted?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Square Footage of building/lease space?</b>	<b>Number of Stories?</b>
<b>Type of Construction?</b>	<b>Occupancy Group?</b>
<b>Division?</b>	<b>Occupancy Load?</b>
<b>Property Zoning?</b>	<b>Property Platted?</b>
<b>Any Non-Conforming Uses?</b>	<b>If yes, please describe:</b>

**SUBMITTAL DATE INFORMATION**

<b>1<sup>st</sup> submittal date:</b>	<b>2<sup>nd</sup> submittal date:</b>
<b>3<sup>rd</sup> submittal date:</b>	<b>submittal date:</b>

**REQUIRED APPROVAL SIGNATURES**

<b>Permit application and plans have been reviewed and are released for construction.</b>		
<b>FIRE DEPARTMENT EMPLOYEE PRINTED NAME</b>	<b>SIGNATURE</b>	<b>APPROVAL DATE</b>

**PAYMENT INFORMATION**

<b>Fee: \$</b>	<b>Date Paid:</b>	<b>Receipt #:</b>
<b>Permit Filing Date:</b>	<b>Permit Expiration Date:</b>	<b>Completion Date:</b>

<b>Comments/Notes:</b>