



Planning and Development Department Commercial Specialty Fire Permit Application

Applicant Name _____ Phone _____ Email _____

Project Address _____ City _____ NC ZIP _____

Subdivision or Project Name _____ Lot Number _____

Project Contact Person _____ Phone _____ Fax _____

Email _____ Contact preference: Phone Fax Email

Property Owner _____ Phone _____ Email _____

Address _____ City _____ State _____ ZIP _____

Name of Business _____

Description of Work _____

Proposed Use _____

PLANNING DEPARTMENT APPROVAL

Type of Specialty Hood System Fire Sprinkler System Fire Alarm System Fuel Tank ANSUL System

WORK INCLUDED

Type of Work Add-New Repair Replace

SPECIALTY FIRE INFORMATION

Type of Hood System _____ Fuel Type: Electric Gas-Fuel Piping Other _____ ANSUL Type

Type of Fire Alarm System: _____ Fire Pump: Yes No Number of Devices _____ Wiring LF _____

Fire Sprinkler System Type: _____ SqFt _____ Number of Heads _____

Fuel Tank Type _____ Number of Tanks _____ Size of Tanks _____

Total Construction Cost \$ _____

APPLICANT STATEMENT

I hereby certify that all information in this application is correct and all work will comply with the State Building code and all other applicable State and local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Applicant Name (print) _____ Signature _____ Date _____

HOOD OR SUPPRESSION (FIRE) Check here if this trade is not required.

1) Contractor (Company Name) _____ Phone _____

2) Address _____ City _____ State _____ ZIP _____

3) License Number _____

4) Email _____ Construction Cost (contract amount) \$ _____

5) Authorized Agent (print) _____ Signature _____ Date _____

SPRINKLER (PLUMBING/FIRE) Check here if this trade is not required.

1) Contractor (Company Name) _____ Phone _____

2) Address _____ City _____ State _____ ZIP _____

3) License Number _____ Classification: Fire Sprinkler (only)

4) Email _____ Construction Cost (contract amount) \$ _____

5) Authorized Agent (print) _____ Signature _____ Date _____

Project Address _____

ALARM SYSTEM (ELECTRICAL/FIRE) Check here if this trade is not required.

- 1) Contractor (Company Name) _____ Phone _____
- 2) Address _____ City _____ State _____ ZIP _____
- 3) License Number _____ Classification (Electrical only): Limited Intermediate Unlimited Low Voltage
- 4) Email _____ Construction Cost (contract amount) \$ _____
- 5) Authorized Agent (print) _____ Signature _____ Date _____

UNDERGROUND TANKS (FIRE) Check here if this trade is not required.

- 1) Contractor (Company Name) _____ Phone _____
- 2) Address _____ City _____ State _____ ZIP _____
- 3) License Number _____ Classification: _____
- 4) Email _____ Construction Cost (contract amount) \$ _____
- 5) Authorized Agent (print) _____ Signature _____ Date _____