

**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: \_\_\_\_\_

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<p><b>FIRE PROTECTION PERMIT</b></p> <p>Contractor _____  <small>(if owner, put same name above)</small></p> <p>Address _____        City _____ State _____ Zip _____        Phone _____ Cell _____        Fed Employee No. _____  <small>(Certificate of Insurance for Workers Compensation needed or signed exemption form)</small></p> <p>Estimate of total costs for all work _____</p> <p><b>Technical Site Data:</b>        Water Supply Source _____        Method of Alarm/Supr. Sys Supervised _____</p> <p><b>Storage Tanks:</b>        Type - <input type="checkbox"/> Flammable Liquid <input type="checkbox"/> Combustible Liquid  <input type="checkbox"/> LPG <input type="checkbox"/> LNG Capacity _____ Fuel _____</p> <p>Alarm Systems <input type="checkbox"/> 110V Interconnected  <input type="checkbox"/> System</p> <table border="0"> <thead> <tr> <th style="text-align: left;">No.</th> <th style="text-align: left;">ITEM</th> </tr> </thead> <tbody> <tr><td>_____</td><td>Alarm devices (smoke, heat, pulls, waterflow)</td></tr> <tr><td>_____</td><td>Supervisory devices (tamper, low/high air)</td></tr> <tr><td>_____</td><td>Signaling devices (horns/strobes, bells)</td></tr> <tr><td>_____</td><td>Fire pump GPM Type _____</td></tr> <tr><td>_____</td><td>Dry pipe/Alarm valves</td></tr> <tr><td>_____</td><td>Sprinkler heads (dry &amp; wet)</td></tr> <tr><td>_____</td><td>Standpipes</td></tr> <tr><td>_____</td><td>Wet chemical or Dry chemical</td></tr> </tbody> </table> <p>Circle one: CO2 suppression-Foam suppression-Halon suppression        Others: _____</p> <p>Estimate of total costs for all work _____</p> <p>Signature: _____        Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Owner Representative <input type="checkbox"/></p>	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	
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