

Applicant's Signature:

## CENTRAL COUNTY FIRE CONSTRUCTION PERMIT APPLICATION

| FIRE   |                                   |   |  |
|--|-----------------------------------|---|--|
| PROJECT ADDRESS:   |                                   | COMMERCIAL  |  |
| SUITE#:<br>CITY:   |                                   | RESIDENTIAL   |  |
| FIRE PERMIT#   |                                   |   |  |
| BUILDING PERMIT#   |                                   |   |  |
| APPLICANT/INSTALLING CONTRACTOR INFORM   | MATION                            | OWNER/BUILDER ONLY  |  |
| Company name:  | ion:                              | Signature:  at all is correct and agree to comply with all City   |  |
| DESCRIPTION OF WORK  |                                   |   |  |
| Fire Alarm  □ New building alarm or control panel replacement □ New fire sprinkler monitoring system □ Existing system: remodel or repair (5 or more devices) □ Existing system: minor remodel (less than 5 devices) | ☐ New condition ☐ Existin☐ Underg | w single-family dwelling/duplex residential system w commercial or multi-residential system sting system: remodel or repair (5 or more heads) sting system: minor remodel (less than 5 heads) derground fire service line (repair/remodel) indpipe system |  |
| OTHER PERMIT   |                                   |   |  |
| <ul> <li>□ Emergency Responder Radio Coverage System</li> <li>□ Fixed-extinguishing system</li> <li>Description:</li> </ul>  |                                   |   |  |

Date:

## **FIXED-EXTINGUISHING SYSTEM PERMIT**

| Address | Permit# |
|---------|---------|
|         |         |

| Туре                   | Inspector | Date | Comments |
|------------------------|-----------|------|----------|
| System test            | Inspector | Date | Commence |
| System test            |           |      |          |
|                        |           |      |          |
|                        |           |      |          |
|                        |           |      |          |
|                        |           |      |          |
|                        |           |      |          |
|                        |           |      |          |
|                        |           |      |          |
|                        |           |      |          |
|                        |           |      |          |
|                        |           |      |          |
|                        |           |      |          |
| Equipment verification |           |      |          |
| Equipment verification |           |      |          |
|                        |           |      |          |
|                        |           |      |          |
|                        |           |      |          |
|                        |           | _    |          |
|                        |           |      |          |
|                        |           |      |          |
| V as the assistance    |           | _    |          |
| K extinguisher         |           |      |          |
|                        |           |      |          |
|                        |           |      |          |
|                        |           |      |          |
|                        |           |      |          |
|                        |           |      |          |
|                        |           |      |          |
| Final                  |           |      |          |
|                        |           |      |          |
|                        |           |      |          |
|                        |           |      |          |
|                        |           |      |          |
|                        |           |      |          |
|                        |           |      |          |
|                        |           |      |          |