



Date Received _____
 Date Issued _____
 Permit # _____

A. APPLICANT COMPLETE ALL APPLICABLE INFORMATION (when changing contractors notify this office)

Date _____ Tax Map # 64 _____
 Work Site Location _____
 Owner _____
 Address _____
 Tele (____) _____
 Contractor _____
 Address _____
 Tele (____) _____ License # _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present__ Proposed _____ Fire Alarm System
 Constr. Class Present__ Proposed _____ [] New or [] Existing
 Heating Systems [] New [] Existing [] HVAC Location of Panel _____
 Type: [] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System
 [] Other _____ [] New or [] Existing
 [] Location _____ Location of Main Valve _____
 Est. Cost of Mechanical Work \$ _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent) owner of record and am authorized to make this application

X _____

Description of work preforming:

No.	Alarm Systems	Fee (Office use only)
_____	Smoke	\$ _____
_____	Heat	\$ _____
_____	Water/flow	\$ _____
_____	Other	\$ _____
No.	Suppression System	
_____	Fire Pump	\$ _____
_____	Dry Pipe	\$ _____
_____	Sprinkler Heads	\$ _____
_____	Standpipes	\$ _____
No.	Pre-engineered System	
_____	Wet Chemical	\$ _____
_____	Dry Chemical	\$ _____
_____	CO Suppression	\$ _____
_____	Foam Suppression	\$ _____
_____	Halon Suppression	\$ _____
No.	Kitchen Hood Systems	
_____	Gas	\$ _____
_____	Oil	\$ _____
_____	Fired Appliances	\$ _____
		TOTAL FEE \$ _____

INSPECTORS

Building Inspector – Michael Stack (724) 493-7793

Electrical Inspector – Joseph McClain (724) 787-1199