MERGENCY SERVICES	Joseph H Emergency S	Hundley Services Chief
9-1-1	Brock Deputy Chief	Smith VFire Marshal
Business Name:	Emergency Responder	Communication Permit
Property Owner:	Pho	one:
	A	
		nail:
		Address:
e		rmit Number:
	_	ets any of the following criteria:
	 Building is undergroun Building has a basement must be submitted with or on the 	nt. ne plans:
 Certificate of Tra Manufacturer 	ining from the	Amplification System Configuration
FCC License		Signal Booster Location(s)Standby Power Configuration
FCC BDA Certification Number		 Occupancy Contact Name and Phone
•	unication Equipment	Number
Radio Signal Stre	ength Evaluation	
	letter (Minus the approval signat ERRC System Letter to Design	tures from Forsyth County Interagency Staff). This lers
document is located in our	Fee Sc	hedule
locument is located in our	rtt St.	
		formation
The fee for suppression sys Plans are reviewed on a first-o the review could take up to tw	stems review is \$50.00. Other Inf come, first-serve basis. Re-review w vo weeks to complete. The holder of	formation vill be treated as a first submission. Depending on the workload, f this permit may contact the Fire Marshals Office at 336-703- internal review of permits, and the local appeals process.

Office Use Only								
Date Received	I	Plans Approved Y o	r N Approved	by:				
Permit #	Date:	Fee:	Check #:	Credit Card	5/23			
3000 Aviation Drive • Winston-Salem, NC 27105 • 336/703-2550 Website: www.forsyth.cc/fire								