FIRE DEPARTMENT



Daniel L. Ozimek Emergency Services Director

Suppression System Permit Application

Business Name:	Site Address:	
Property Owner:	Site Address:Phone:	
System Contractor:	Address:	
Phone:	Address: Fax: Email:	
Building Contractor: _	Address: WS/FC Building Permit Number:	
rnone.		
	Type of Work □ New Construction □ Alteration □ Addition	
	Type of System	
	FM 200 Wet Chemical Dry Chemical	
Number of Nozzles: _	Nozzle types:	
	Size of Tanks:	
	I location of nozzles from protected appliances. action of detection devices, operating devices, auxiliary and electrical operations.	circuitry if
The fee for suppression	Fee Schedule n systems review is \$120.00.	
	Other Information a first-come, first-serve basis. Re-review will be treated as a first submisload, the review could take up to two weeks to complete.	it.
Signature:	Date:	
	Office Use Only	
Two sets of plans subitation Approved by: Date:	nitted Y or N Date Received Plans Approved Permit # Cash: Check #: 2/12	Y or N
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