Fire Sprinklers Inspection & Alarm Application

Job Address: _____

Applicant: _____

Check one: **Property Owner** ☐ **Contractor** ☐ **Valuation** _____

Name: _____

Address: _____

City: _____ **State**_____ **Zip** _____

Day Phone (____) _____**Cell Phone (____)** _____

Email: _____

Description of Work: _____

_____

Valuation $_____

State Contractor License Number _____**Occupancy** _____

NUMBER OF SPRINKLER HEADS TO BE INSTALLED OR ALTERED_____

Include:
- ☐ **2 each plans**
- ☐ **2 each material data**
- ☐ **2 each calculations**

_____ _____

Applicant **Date**

Approval: Bldg. Dept._____

Permit Number._____