

**Town of St. Pauls**

210 W Blue St

St. Pauls*, NC 28384*

PHONE #: 910-865-5165

FAX #: 910-865-3849

**SUPPRESSION SYSTEM PERMIT APPLICATION**

Site Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Business Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

System Contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_

Contractor Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Occupancy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Fire Suppression System: \_\_\_\_ FM 200 \_\_\_\_ Wet Chemical \_\_\_\_ Dry Chemical

Type of Work: \_\_\_\_ New Construction, \_\_\_\_ Alteration, \_\_\_\_ Addition

Number of Nozzles: \_\_\_\_\_\_ Nozzle Types: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Number of Tanks: \_\_\_\_\_\_\_ Size of Tanks: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

The following information must be submitted with, or on the plans:

- Size, length and arrangement of piping.

- Description and location of nozzles from protected appliances.

- Location and function of detection devices, operating devices, auxiliary equipment and electrical circuitry if used.

- Flow rate per nozzle(s).

**The undersigned hereby makes application for a permit and the inspection of all work described above and hereby agrees to comply with all building regulations and other laws applicable to the use and type of construction of the building referred herein.**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ***FOR OFFICE USE BELOW THIS LINE*** | | | |
| Approved by:\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Permit # \_\_\_\_\_\_\_\_\_\_\_ |