



Town of Chilhowie, Virginia

Office of the Building Inspector

FIRE PROTECTION SYSTEMS PERMIT APPLICATION

DO NOT
WRITE HERE

| | | | | | | | | | | | |
|---|---|-----------------|--|------------------------|------------------------|---|------------------|-------------|---|--|--|
| A | Customer Information | | Important: Applicant must complete all non-shaded areas and mark or circle where appropriate. | | | | Application Date | | | | |
| | | | Important: Applicant must fill ALL three (3) sections "A, B, and C" of this application. Failure to do so may result in rejection and-or delay of the review process. | | | | Permit Number | | | | |
| | Job Address | | Number & Street | | Parcel Number | | Site Phone | | | | |
| | Contractor | | Name | | License Number | | Phone | | | | |
| | <input type="checkbox"/> Check here if the contractor is the permit holder. | | Number & Street | | City | | State | Zip | | | |
| | Applicant | | Name | | PO Box (If Applicable) | | Phone | | | | |
| | | | Number & Street | | City | | State | Zip | | | |
| Property Owner | | Name | | PO Box (If Applicable) | | Phone | | | | | |
| | | Number & Street | | City | | State | Zip | | | | |
| B | <u>Work to be Performed on</u> | | <u>Fire Suppression Systems</u> | | | <u>Fire Alarm and Detection Systems</u> | | | | | |
| | <u>New Construction</u> | | <input type="checkbox"/> _____ Wet Sprinkler System <input type="checkbox"/> _____ Dry Sprinkler System <input type="checkbox"/> _____ Pre-Action System <input type="checkbox"/> _____ Deluge Sprinkler System <input type="checkbox"/> _____ Standpipe System <input type="checkbox"/> _____ Fire Pump GPM () <input type="checkbox"/> _____ CO2 System <input type="checkbox"/> _____ FM-200 System <input type="checkbox"/> _____ Wet Chemical System <input type="checkbox"/> _____ Dry Chemical System <input type="checkbox"/> _____ Intergen <input type="checkbox"/> _____ Halogenated | | | <input type="checkbox"/> _____ Initiating Devices <input type="checkbox"/> _____ Signaling Devices <input type="checkbox"/> _____ Annunciator panels <input type="checkbox"/> _____ Power Extender Panels <input type="checkbox"/> _____ Fire Control Panels <input type="checkbox"/> _____ Dialers <input type="checkbox"/> _____ Control Systems <input type="checkbox"/> _____ Access Control Devices <input type="checkbox"/> _____ Magnetic Doors <input type="checkbox"/> _____ Smoke Controls <input type="checkbox"/> _____ Smoke Dampers <input type="checkbox"/> _____ Other _____ | | | _____ Building Official | | |
| | <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial | | | | | | | | <u>Other</u> | | |
| | <u>Additions, Alterations and Repairs</u> | | | | | | | | <input type="checkbox"/> NFPA 13 System <input type="checkbox"/> NFPA 13R System <input type="checkbox"/> NFPA 13D System <input type="checkbox"/> _____ Sprinkler Heads <input type="checkbox"/> _____ Detectors <input type="checkbox"/> _____ Hydrants <input type="checkbox"/> _____ PIV / WPIV | | |
| <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other | | | | | | | | | | | |
| C | Certification: | | I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction will conform to the regulations in the Current adopted Virginia Uniform Statewide Building Code and the Town of Chilhowie Zoning Ordinance. | | | | | | | | |
| | Signature | | Address | | Name (Print) | | Date | Phone | | | |
| | DO NOT SIGN | | LEAVE BLANK | | LEAVE BLANK | | LEAVE BLANK | LEAVE BLANK | | | |
| NOTE: This permit shall become invalid if the authorized work is not started within six (6) months from the date issued, and/or if the authorized work is suspended for a period of six (6) months after the time for commencing the work. | | | | | | | | | | | |