



# Town of Chilhowie, Virginia

## Office of the Building Inspector

### FIRE PROTECTION SYSTEMS PERMIT



A	<b>Customer Information</b>		Important: Applicant must complete all non-shaded areas and mark or circle where appropriate.				Application Date		
	<b>Job Address</b>		Number & Street		Parcel Number		Site Phone		
	<b>Contractor</b>		Name		License Number		Phone		
	<input type="checkbox"/> Check here if the contractor is the permit holder.		Number & Street		City		State	Zip	
	<b>Applicant</b>		Name		PO Box (If Applicable)		Phone		
	<b>Property Owner</b>		Name		PO Box (If Applicable)		Phone		
	Number & Street		City		State	Zip		Application Date	
Number & Street		City		State	Zip		Permit Number		
Number & Street		City		State	Zip		Plan Reviewed By <i>Charles R. Sturgill</i>		
Number & Street		City		State	Zip		Permit Fee		
Number & Street		City		State	Zip		2.00% State Levy Fee \$		
Number & Street		City		State	Zip		Total Permit Fee \$		
Number & Street		City		State	Zip		Payment Method <i>CHECK CASH CC</i>		
Number & Street		City		State	Zip		Check #		
B	<b><u>Work to be Performed on</u></b>		<b><u>Fire Suppression Systems</u></b>			<b><u>Fire Alarm and Detection Systems</u></b>			<i>Charles R. Sturgill</i> Building Official
	<b><u>New Construction</u></b>		<input type="checkbox"/> _____ Wet Sprinkler System			<input type="checkbox"/> _____ Initiating Devices			
<input type="checkbox"/> Single Family Dwelling		<input type="checkbox"/> _____ Dry Sprinkler System			<input type="checkbox"/> _____ Signaling Devices			<b><u>Other</u></b> <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"/> Multi-Family Dwelling		<input type="checkbox"/> _____ Pre-Action System			<input type="checkbox"/> _____ Annunciator Panels				
<input type="checkbox"/> Commercial		<input type="checkbox"/> _____ Deluge Sprinkler System			<input type="checkbox"/> _____ Power Extender Panels				
<input type="checkbox"/> Industrial		<input type="checkbox"/> _____ Standpipe System			<input type="checkbox"/> _____ Fire Control Panels				
<b><u>Additions, Alterations and Repairs</u></b>		<input type="checkbox"/> _____ Fire Pump GPM (        )			<input type="checkbox"/> _____ Dialers				
<input type="checkbox"/> Residential		<input type="checkbox"/> _____ CO2 System			<input type="checkbox"/> _____ Control Systems				
<input type="checkbox"/> Commercial		<input type="checkbox"/> _____ FM-200 System			<input type="checkbox"/> _____ Access Control Devices				
<input type="checkbox"/> Industrial		<input type="checkbox"/> _____ Wet Chemical System			<input type="checkbox"/> _____ Magnetic Doors				
<input type="checkbox"/> Other		<input type="checkbox"/> _____ Dry Chemical System			<input type="checkbox"/> _____ Smoke Controls				
		<input type="checkbox"/> _____ Intergen			<input type="checkbox"/> _____ Smoke Dampers				
		<input type="checkbox"/> _____ Halogenated			<input type="checkbox"/> _____ Other _____				
C	<b><u>Certification:</u></b>		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	
	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.								