## COUNTY OF UNION DEPARTMENT OF BUILDING SAFETY

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## FIRE SPRINKLER PERMIT APPLICATION

| TAX PARCEL #:   |  |
|---|--|
| PROJECT ADDRESS:  | SUITE #:   |
| OWNERS NAME:  |  |
| TYPE OF WORK: $\Box$ NEW $\Box$ ADDITION $\Box$ A   | CCESSORY   OTHER   |
| DESCRIPTION:  |  |
|   |  |
| PROJECT SIZE (SQ. FT.):   |  |
| OCCUPANCY TYPE: $\Box A$ $\Box E$ $\Box I$  | $\Box F \Box H \Box U \Box M \Box B$   |
| TYPE OF CONSTRUCTION: $\Box$ I $\Box$ II  |  |
| SEPARATE PERMITS ARE REQUIRED FO SPRINKLER CONTRACTORS.   | R ELECTRICAL, MECHANICAL, PLUMBING, AND  |
| CONTRACTORS:<br>TYPE: NAME/ADDRESS  | LICENSE # PHONE# COST  |
| FIRE SPRINKLER  |  |
|   |  |
|   |  |
|   |  |
| TOTAL ESTIMATED PROJECT COST:   |  |
| CONTACT PERSON:   | PHONE #  |
| I HEREBY CERTIFY: That I have read this application and that all and State Laws regulating building construction. That I am the own | information contained herein is true and correct. That I agree to comply with all County Ordinances or authorized by the owner to perform the herein work described. |
| SIGNATURE   | DATE   |