



FIRE INSPECTION DIVISION

Office: 203 West Main Street, Wilkesboro, NC 28697

Tel: 336-838-3951 ext.4020 | Fax: 336-838-7616

email: thayes.wilkesborofire@gmail.com

FIRE ALARM PERMIT APPLICATION

All sections are required to be filled out completely and legibly.

SECTION A - Building Location and Ownership Information

| | |
|-----------------------------------|------------------------------|
| Building Name | Former Name if Applicable |
| Building 911 Address | |
| Building Owner | |
| Owner Address City, State, Zip | |
| Phone | Email |

SECTION B - Applicant Information

| | |
|-------------------------------------|----------------|
| Company | Contact Person |
| Company Address City, State, Zip | |
| Phone | Email |

SECTION C - Fire Alarm System

| | |
|--|---|
| Complete for all new fire alarm installations or alterations to existing systems. | |
| Installer | |
| Designer | |
| Designer Email | |
| System Features | <input type="checkbox"/> Manual <input type="checkbox"/> Automatic <input type="checkbox"/> Emergency Force Notification <input type="checkbox"/> Non- Required System <input type="checkbox"/> Voice Evacuation <input type="checkbox"/> Horn/Strobe Notification |
| This application must be accompanied by: 1) Battery Calculations and shop drawings, see section F. 2) Manufacturer's specifications and information for each type of system component being installed. | |

SECTION D - Fees

| | |
|---|-----------|
| Fire Alarm System | \$ 200.00 |
| Consulting Design | \$ |
| (Make checks payable to Town of Wilkesboro) Total Fee | \$ |

SECTION E - Project Specific Details

All shop drawings should be drawn on sheets of uniform size and at a minimum should include the following information:
 Submittals shall be in accordance with NFPA 72, Section 7.4 and the following:

- (a) Name of installer or contractor
- (b) Device legend in accordance with NFPA 170, Standard for Fire Safety and Emergency Symbols
- (c) Floor plans drawn to scale: Rooms, walls, doors, HVAC
- (d) Room descriptions
- (e) Fire alarm device/component locations
- (f) Locations of fire alarm primary power connections
- (g) Locations of monitor/control interfaces to other systems

| | |
|----------------------------|--|
| Project Start Date | Project Completion Date |
| Signature of Applicant: | Your signature attest to the accuracy of the information provided on this form, to include specific manufacturer details. |