



FIRE INSPECTION DIVISION

Office: 400 South Cherry St., Wilkesboro, NC 28697

Tel: 336-667-6228 | Fax: 336-838-9905

FIRE SUPPRESSION 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	
Address, City, State, Zip	
Phone	Email

SECTION B - Applicant Information

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

SECTION C - Fire Suppression System

Complete for all new fire suppression installations or alterations to existing systems.

Installer	Certificate Number
Installer Email	
Agent Type: <input type="radio"/> Wet Chemical <input type="radio"/> Dry Chemical <input type="radio"/> Clean Agent (specify type) _____ <input type="radio"/> Other: _____	
System Make: _____	
System Model: _____	
This application must be accompanied by the following: Drawing of coverage area including equipment and device locations, Manufacturer's specifications and information, Calculations for concentration of clean agents.	

SECTION D - Fees

Fire Suppression System	\$	
Consulting Design	\$	
(Make checks payable to Town of Wilkesboro) Total Fee	\$	
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.	