



FIRE INSPECTION DIVISION

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**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	
<b>Agent Type:</b> <input type="checkbox"/> Wet Chemical <input type="checkbox"/> Dry Chemical <input type="checkbox"/> Clean Agent (specify type) _____ <input type="checkbox"/> Other: _____	
<b>System Make:</b> _____	
<b>System Model:</b> _____	
<b>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.</b>	

**SECTION D - Fees**

Fire Suppression System	\$ 200.00
Consulting Design	\$
(Make checks payable to Town of Wilkesboro) Total Fee	\$
<b>Project Start Date</b>	<b>Project Completion Date</b>
Signature of Applicant	Your signature attest to the accuracy of the information provided on this form, to include specific manufacturer details.