



**FIRE INSPECTION DIVISION**

Office: 400 South Cherry St., Wilkesboro, NC 28697 Tel:  
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**SPRINKLER 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 Known
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 - Sprinkler System**

**Complete for all new fire alarm installations or alterations to existing systems**

Installer	Certificate Number
Designer	Engineer Number
Designer Email	Designer Phone Number
<b>System Features:</b> <input type="checkbox"/> 13 (Complete) <input type="checkbox"/> 13R (Residential) <input type="checkbox"/> 13 D (Domestic) <input type="checkbox"/> Limited Area <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Pre-Action <input type="checkbox"/> Mist <input type="checkbox"/> Other: _____	
<b>Type of Standpipe:</b> <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Class: _____ <input type="checkbox"/> Automatic <input type="checkbox"/> Semi-Automatic <input type="checkbox"/> Manual	
<b>Water Supply Data:</b> <b>Storage Tank:</b> Tank Construction Type: _____    Size/Volume: _____ <input type="checkbox"/> Interior Storage Tank <input type="checkbox"/> Exterior Storage Tank	
<b>Municipal Water:</b> GPM: _____    Pressure: _____    Tested By: _____    Date: ____ / ____ / ____	

**This application must be accompanied by piping plans, shop drawings with specifications, all manufactures information for each component.**

**SECTION D - Fees**

Sprinkler System	\$
Consulting Design	\$
(Make check 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.