



**FIRE INSPECTION DIVISION**

Office: 400 South Cherry St., Wilkesboro, NC 28697 Tel:  
336-667-6228 | Fax: 336-838-9905

**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

System Features:  13 (Complete)     13R (Residential)     13 D (Domestic)     Limited Area  
 Wet     Dry     Pre-Action     Mist     Other: \_\_\_\_\_

Type of Standpipe:  Wet     Dry     Class: \_\_\_\_\_  
 Automatic     Semi-Automatic     Manual

Water Supply Data:  
Storage Tank: Tank Construction Type: \_\_\_\_\_ Size/Volume: \_\_\_\_\_  
 Interior Storage Tank     Exterior Storage Tank

Municipal Water: 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.