



400 South Cherry Street
 Wilkesboro, NC 28697
 336-667-6228

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: <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: _____	
Type of Standpipe: <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	
Water Supply Data:	
Storage Tank: Tank Construction Type: _____ Size/Volume: _____ <input type="checkbox"/> Interior Storage Tank <input type="checkbox"/> 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	\$ 200.00
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.