

**FIRE INSPECTION DIVISION**

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**SPRAY BOOTH/ROOMS 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 - Spray System**

Complete for all new spray system installations or alterations to existing systems.

Installer	Certificate Number	
Installer Email		
<b>Type of Suppression System</b>	<b>Type of Booth</b>	<b>Type of Filter</b>
<input type="checkbox"/> Dry Chemical	<input type="checkbox"/> Pre-manufactured	<input type="checkbox"/> Dry
<input type="checkbox"/> Wet Chemical	<input type="checkbox"/> Engineered	<input type="checkbox"/> Wet
<input type="checkbox"/> Wet Chemical- Sprinklered/Foam		<input type="checkbox"/> Down Draft WaterWash
<input type="checkbox"/> Wet Sprinklered Booth/Room		
<input type="checkbox"/> Dry Sprinklered Booth/Room		

**Submit manufacturer specification documentation with diagrams and guidelines.**

**SECTION D - Fees**

Spray Booth/Room System	\$ 200.00
Consulting Design	\$
(Make check 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.