



FIRE INSPECTION DIVISION

Office: 400 South Cherry St., Wilkesboro, NC 28697

Tel: 336-667-6228 | Fax: 336-838-9905

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	

Type of Suppression System	Type of Booth	Type of Filter
<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	
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.