



# CONSTRUCTION PERMIT APPLICATION



<b>PROJECT ADDRESS:</b>	<b>SUITE / UNIT #:</b>	<b>Office Use:</b>
		FR #:

**Owner**                       **Tenant**                      **(Check all that apply)**

Name / Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City / Zip: \_\_\_\_\_  
(If different than project address)

**Applicant**                       **Contractor**                      **(Check all that apply)**

Name / Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City / Zip: \_\_\_\_\_

State Lic. #: \_\_\_\_\_ Exp.: \_\_\_\_\_ Class Code: \_\_\_\_\_

City Lic. #: \_\_\_\_\_ Exp.: \_\_\_\_\_ Workers Comp. Exp.: \_\_\_\_\_

**Office Use:**

*Cash*                       *Credit Card*                       *Check #* \_\_\_\_\_

*Overtime*                       *Tax Exempt*                       *City Project*

Permit Sheet(s) (+5): \_\_\_\_\_ Plan Sheet(s): \_\_\_\_\_ Submittal No.: 1st / \_\_\_\_\_

**OVER →**  
**PLEASE COMPLETE BACK PAGE**



# CONSTRUCTION PERMIT APPLICATION



## PROJECT INFORMATION

### Occupancy Type (Required - Check all that apply)

- |                              |                              |                                |                                |
|------------------------------|------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> A-1 | <input type="checkbox"/> F-1 | <input type="checkbox"/> I-1   | <input type="checkbox"/> R-2   |
| <input type="checkbox"/> A-2 | <input type="checkbox"/> F-2 | <input type="checkbox"/> I-2   | <input type="checkbox"/> R-3   |
| <input type="checkbox"/> A-3 | <input type="checkbox"/> H-1 | <input type="checkbox"/> I-2.1 | <input type="checkbox"/> R-3.1 |
| <input type="checkbox"/> A-4 | <input type="checkbox"/> H-2 | <input type="checkbox"/> I-3   | <input type="checkbox"/> R-4   |
| <input type="checkbox"/> A-5 | <input type="checkbox"/> H-3 | <input type="checkbox"/> I-4   | <input type="checkbox"/> S-1   |
| <input type="checkbox"/> B   | <input type="checkbox"/> H-4 | <input type="checkbox"/> M     | <input type="checkbox"/> S-2   |
| <input type="checkbox"/> E   | <input type="checkbox"/> H-5 | <input type="checkbox"/> R-1   | <input type="checkbox"/> U     |

### Construction Type (Required)

- |                                |                                |                              |
|--------------------------------|--------------------------------|------------------------------|
| <input type="checkbox"/> I-A   | <input type="checkbox"/> II-B  | <input type="checkbox"/> IV  |
| <input type="checkbox"/> I-B   | <input type="checkbox"/> III-A | <input type="checkbox"/> V-A |
| <input type="checkbox"/> II-A  | <input type="checkbox"/> III-B | <input type="checkbox"/> V-B |
| <input type="checkbox"/> Other | .....                          |                              |

Sprinklered?  Yes  No

## PLEASE COMPLETE APPROPRIATE SECTION

### ALARM SYSTEMS

- |   |              |       |
|---|--------------|-------|
| <input type="checkbox"/> Waterflow Monitoring | # of Devices | ..... |
| <input type="checkbox"/> Alarm System         |              | ..... |

### FIRE SUPPRESSION SYSTEM

- Suppression Type:
- |                                      |                                       |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Combination | <input type="checkbox"/> Dry Chemical |
| <input type="checkbox"/> Deluge      | <input type="checkbox"/> Preaction    |
| <input type="checkbox"/> Dry         | <input type="checkbox"/> Wet          |

- Protection Area:
- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Kitchen            | <input type="checkbox"/> Spray Booth |
| <input type="checkbox"/> Records Storage Rm | <input type="checkbox"/> Vault       |
| <input type="checkbox"/> Server Room        |                                      |

- Tank Size .....  
 Flow Points Used .....  
 Flow Points Available .....

### HIGH PILE STORAGE

- Actual HPS Area (sq. ft.) .....  
 Commodity Classification
- |                                      |                              |
|--------------------------------------|------------------------------|
| <input type="checkbox"/> High Hazard | <input type="checkbox"/> III |
| <input type="checkbox"/> I           | <input type="checkbox"/> IV  |
| <input type="checkbox"/> II          |                              |

- Storage Height .....  
 Sprinkler Design Density .....  
 Smoke and Heat Vent Ratio .....  
 K-Factor .....

- ESFR  Plastics  Encapsulated

### O/H SPRINKLERS

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> New Construction   | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Tenant Improvement | <input type="checkbox"/> Commercial  |
| <input type="checkbox"/> Over the Counter   |                                      |

# of Heads ..... # of Risers .....

### Hazard Classification:

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Light Hazard | <input type="checkbox"/> Ordinary Hazard Group 1 |
| <input type="checkbox"/> High Hazard  | <input type="checkbox"/> Ordinary Hazard Group 2 |
| <input type="checkbox"/> 13D          | <input type="checkbox"/> Extra Hazard Group 1    |
| <input type="checkbox"/> 13R          | <input type="checkbox"/> Extra Hazard Group 2    |

Sprinkler Design Density .....

- System Type:
- |                                      |                                    |
|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Combination | <input type="checkbox"/> Preaction |
| <input type="checkbox"/> Deluge      | <input type="checkbox"/> Wet       |
| <input type="checkbox"/> Dry         |                                    |

K-Factor ..... Head Temp .....

### U/G FIRELINE

- Lineal Feet .....  
 # of Risers .....  
 # of Hydrants .....  
 # of Double Detector Checks .....  
 # of Sectional Valves .....

### PHASING

Will your project require phased inspections?  
 Yes  No