



FIRE INSPECTION DIVISION

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

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

FIRE SUPPRESSION PERMIT APPLICATION

All sections are required to be filled in completely and legibly.

SECTIONS 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 – Fire Suppression System

Complete for all new fire suppression installations or alterations to existing systems.	
Installer:	Certificate Number:
Installer email:	
Agent Type: <input type="checkbox"/> Wet Chemical <input type="checkbox"/> Dry Chemical <input type="checkbox"/> Clean Agent (specify type) _____ <input type="checkbox"/> Other: _____	
System Make: _____	
System Model: _____	
This application must be accompanied by the following: Drawing of coverage area including equipment and device locations, Manufacturer's specifications and information, Calculations for concentration of clean agents.	

SECTION D - Fees

Fire Suppression System:	\$
Consulting Design:	\$
(Make checks payable to Town of Wilkesboro) Total Fees:	\$
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.