



## Application for Fire Alarm Systems Permit

Job Address:			
Business Address:			
Contact Name:			
Mailing Address:			
Business Owner:		Telephone:	
Architect/Designer License No.:		Phone:	
Contractor Information	Name:	Phone Number:	E-mail:

<b>\$50 per installation: Residential or Commercial System plus \$.03 per Square Foot</b>	
Fire Alarm System/Detection	_____
Square Footage:	_____
<b>Total Fee:</b>	<b>\$ _____</b>

### TYPE OF FIRE PROTECTION SYSTEM

<b>ALARM SYSTEM</b> – An inspection of installation and a system test is required.	
LOCAL ALARM____ OUTSIDE MONITORING____	TYPE: _____ BRAND: _____
Contractor must also submit alarm details along with system drawing.	

Mail Application, documentation, or submit in person: City of Wilson Fire Rescue Services 307 Hines St W, Wilson, NC 27893. **Once permit is approved, you will be contacted on how to pay.**

Fire/Rescue Use Only	
Date Received:	Receipt/Permit #:
Date Reviewed:	Reviewed by:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	

**Fire Alarm Submission:**

- 1.1 Signed and sealed plan package required, 3 sets
- 1.2 A floor plan that indicates the use of all rooms
- 1.3 Locations of alarm-initiating devices
- 1.4 Location of alarm notification appliances, including candela ratings for visible alarm notification appliances
- 1.5 Design minimum audibility level for occupant notification
- 1.6 Location of fire alarm control unit, transponders and notification power supplies
- 1.7 Annunciators
- 1.8 Power Connection
- 1.9 Battery calculations
- 1.10 Conductor type and sizes
- 1.11 Voltage drop calculations
- 1.12 Manufacturers' data sheets indicating model numbers and listing information for equipment, devices and materials
- 1.13 Details of ceiling height and construction
- 1.14 The interface of fire safety control functions
- 1.15 Classification of the supervising station
- 1.16 Systems and components shall be listed and approved for the purpose for which they are installed



**Acknowledgement and Signature**

I hereby certify that I have read and examined this application and its attachments and that all of the information contained therein is true and correct. Furthermore, I \_\_\_\_\_ certify that the proposed Fire Protection Systems fully complies with the requirements contained in the North Carolina State Fire Prevention Code, Wilson Fire/Rescue Service Community Risk Reduction Division requirements, and the City of Wilson Zoning requirements. I agree to indemnify, save harmless, and defend the City of Wilson, its agents and employees, from all claims, damages, costs, expenses, and charges, including attorney's fees, which arise out of or due to the installation of the fire protection system and or hood system.

**Applicant**

**Property Owner (if applicable)**

Print: \_\_\_\_\_

Print: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Mail Application, documentation and payment to:**

City of Wilson Community Risk Reduction 307 Hines St W, Wilson NC 27893

**OR** submit in person to:

City of Wilson Fire/Rescue Services 307 Hines St W, Wilson, NC 27893.

**Questions?** Please contact Wilson Fire/Rescue Services Community Risk Reduction Division at (252) 399-2880.