



Application for Sprinkler/Standpipe System Permit

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

\$50 per installation: Sprinkler	-Plus \$.03 per Square Foot
_____ Sprinkler/Standpipe Systems	_____ Square Foot
Total Fees: \$ _____	

TYPE OF FIRE PROTECTION SYSTEM

SPRINKLER/STANDPIPE	
Four Baseline Inspections are required on Sprinkler/Standpipe Systems 1. Rough In 2. Hydro/FDC 3. Final	__ WET __ DRY __ COMBINATION __ STANDARD __ ESFR

ALARM SYSTEM – An inspection of installation and a system test is required.	
LOCAL ALARM____ OUTSIDE MONITORING____ TYPE:	BRAND:

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 Sprinkler Submission:

- 1.1 Signed and sealed plan package required, 2 sets, NFPA 13 chapter 23
- 1.2 Reflected ceiling layout
- 1.3 Piping layout (floor plan)
- 1.4 Show adjacent tenant coverage on the other side of all new walls – first line of heads off wall
- 1.5 Current water supply data
- 1.6 Changes to existing systems (make all conditions clear, show on plans)
- 1.7 Rated walls and penetrations shown on plans (match architects rated walls)
- 1.8 Provide hydraulic calculations
- 1.9 Riser details



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.