



FIRE PROTECTION SYSTEM PERMIT APPLICATION

Waycross Fire Department
1820 Mary Street
Waycross, Georgia 31503
(912) 287-2937, Office / (912) 287-2904, Facsimile
www.waycrossga.com



INSTRUCTIONS: PLEASE TYPE OR PRINT (IN INK) ALL REQUESTED DATA
(Note: An incomplete application may delay the approval process.)

FACILITY NAME: _____ PROJECT NAME: _____

PROJECT ADDRESS: _____ PHONE #: _____

PURPOSE OF SUBMISSION: REVIEW & APPROVAL RESUBMISSION INFORMATION OTHER _____

FIRE ALARM FIRE SPRINKLER FIRE PUMP STANDPIPE SYSTEM

UNDERGROUND PIPING HOOD SUPPRESSION BACKFLOW DEVICE OTHER _____

VALUATION OF JOB: \$ _____ SQUARE FEET OF JOB: _____

NOTE: PLEASE SUBMIT TWO (2) SETS OF PLANS, TWO (2) SETS OF CALCULATIONS AND TWO (2) SETS OF MANUFACTURER'S DATA. IF APPROVED, WFD WILL KEEP ONE SET AND RETURN THE OTHER SET WHICH WILL BE STAMPED AND KEPT ON THE JOB SITE DURING CONSTRUCTION. IF DISAPPROVED, ALL PLANS, CALCULATIONS AND DATA WILL BE RETURNED FOR RESUBMITTAL.

TYPE OF OCCUPANCY (PER NFPA LIFE SAFETY CODE 101): ASSEMBLY AMBULATORY HEALTH COLLEGE DAY CARE

EDUCATIONAL HOSPITAL INDUSTRIAL INSTITUTIONAL MERCANTILE NURSING HOME OFFICE

PERSONAL CARE RACE TRACK RESIDENTIAL STORAGE

FOR SPRINKLER WORK, PLEASE SUBMIT THE ADDITIONAL INFORMATION:

SPRINKLER COMPANY: _____ PHONE #: _____

C OF C NAME: _____ C OF C #: _____

DESIGNER NAME: _____ DESIGNER #: _____

ADDRESS: _____ CONTRACTOR'S #: _____

FOR FIRE ALARM WORK, PLEASE SUBMIT THE ADDITIONAL INFORMATION:

LOW VOLTAGE CONTRACTOR: _____ PHONE #: _____

LICENSEE NAME: _____ LICENSE #: _____

ADDRESS: _____ PHONE #: _____

THIS APPLICATION IS MADE AND BEING SUBMITTED FOR REVIEW OF PLANS, INSPECTION AND APPROVAL OF THE DESCRIBED QUALIFIED WORK AND THAT IT WILL MEET ALL APPLICABLE STANDARDS. NO WORK WILL BE PERFORMED UNTIL A PERMIT IS RECEIVED. I UNDERSTAND THAT WORKING WITHOUT APPROVED PLANS AND/OR A PERMIT WILL RESULT IN DELAYS AND ADDITIONAL PENALTY FEES. A "STOP WORK ORDER" MAY BE ISSUED FOR THE PROJECT UNTIL THE INVESTIGATION IS COMPLETE AND ALL FEES PAID.

PRINT NAME: _____ SIGNATURE: _____ DATE: _____

<i>FOR OFFICE USE ONLY</i>			
Accepted By: _____	Date: _____	Approved By: _____	Date: _____
Issued By: _____	Date: _____	Permit Fee: \$ _____	Permit #: _____