



Permit #: _____

COMMERCIAL FIRE PERMIT APPLICATION

Site Address:				Suite:	Zip:
<input type="checkbox"/> Fire Sprinkler	<input type="checkbox"/> Hood Suppression System	<input type="checkbox"/> Fire Alarm/ Detection	<input type="checkbox"/> Fire Line	<input type="checkbox"/> Stand-Alone Permit <input type="checkbox"/> Work Related to Building Permit #:	

PROPERTY

Parcel # _____ - _____ - _____ - _____		Commercial Tenant (if known):	
Construction Type:	Occupancy Type:	Square Footage:	
Property Owner of Record:		Phone:	
Address:		Suite #:	
City:	State:	Zip:	

TRADE CONTRACTOR – Copy of current State license(s) must be submitted with application.

Company Name:		Phone:	
Contact Name:		E-Mail:	
Address:		Suite #:	
City:	State:	Zip:	
Contractor's License #:	Expires:		
Company License #:	Expires:	Business License #:	

APPLICANT

Applicant is: <input type="checkbox"/> Trade Contractor (see above) <input type="checkbox"/> Property Owner (see above) <input type="checkbox"/> Authorized Permit Agent (complete this section)			
Company Name:		Phone:	
Contact Name:		E-Mail:	
Address:		Suite #:	
City:	State:	Zip:	

WORK INFORMATION

<p>FIRE SPRINKLER: # _____ heads</p> <p><input type="checkbox"/> New sprinkler system</p> <p><input type="checkbox"/> Alter or expand existing system</p> <p><input type="checkbox"/> Repair system</p> <p><input type="checkbox"/> Other: _____</p> <p>REQUIRED LICENSES: Georgia Fire Protection Sprinkler Contractor license AND Applicant's Georgia Certificate of Competency</p>	<p>FIRE ALARM SYSTEM: # _____ devices</p> <p><input type="checkbox"/> New alarm system</p> <p><input type="checkbox"/> Modification to notification or initiating systems</p> <p><input type="checkbox"/> One-for-one replacement of devices</p> <p><input type="checkbox"/> Addition of devices</p> <p><input type="checkbox"/> Other: _____</p> <p>REQUIRED LICENSE: Georgia Low Voltage-Unlimited license OR Georgia Low Voltage-Alarm license</p>	<p>HOOD SUPPRESSION SYSTEM:</p> <p><input type="checkbox"/> New system installation</p> <p><input type="checkbox"/> Modification to existing system</p> <p><input type="checkbox"/> Other: _____</p> <p>REQUIRED LICENSE: Georgia Fire Suppression license</p> <p><i>A licensed mechanical contractor must also obtain a separate mechanical permit.</i></p>
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CERTIFICATION

I certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any state or local law regarding construction or the performance of construction. I understand that I am responsible for obtaining all required inspections. The work must begin and the first inspection passed no more than 180 days from the issue date of the permit or the permit is EXPIRED. All required plans, specifications, contractor state licensure, and business licenses must be submitted with the completed application. If any information is found to be false or misrepresented, the permit will be deemed invalid. I agree to indemnify and hold harmless the City of Brookhaven from all damages, demands, or expenses of every character which may be caused in any manner by the work permitted.

Signature of Trade License Holder: _____ Date: _____