



TOWN OF GARNER

FIRE CONSTRUCTION PERMIT APPLICATION

OFFICE: (919) 773-4428 EMAIL: PPADGETT@GARNERNC.GOV

INSTRUCTIONS: Please type or print clearly. To avoid delays in the plan review process, ensure this form is filled out completely and accurately. **Fields bordered in red are required.**

PROJECT ADDRESS:

PROJECT NAME:

Has installation of the fire protection system started yet? Yes No

PERMIT NUMBER:

Penalty for failure to obtain a permit before starting work shall be double the fees and a Stop Work Order Issued for the project.

PROJECT AREA:

(square feet of affected area) **PROJECT COST:**

SCOPE/DESCRIPTION OF WORK:

Scope of work shall include type of devices, number of devices, and specific location within building. Attach additional page if necessary.

TYPE OF SUBMITTAL:

NEW INSTALLATION

ALTERATION

DEMOLITION

(Check all that apply)

TYPE OF SYSTEM:

(Check all that apply)

- SPRINKLER
- CLEAN AGENT
- FIRE ALARM & DETECTION SYSTEMS AND RELATED EQUIPMENT
- FLAMMABLE AND COMBUSTIBLE LIQUIDS
- INDUSTRIAL OVENS
- SPRAYING AND DIPPING
- TEMPORY MEMBRANE STRUCTURES AND TENTS
- COMPRESSED GASES
- ACCESS CONTROL/DELAYED EGRESS

- WET CHEMICAL (KITCHEN HOOD)
- FIRE PUMPS AND RELATED EQUIPMENT
- STANDPIPE SYSTEMS
- HAZARDOUS MATERIALS
- PRIVATE FIRE HYDRANTS
- HIGH-PILED COMBUSTIBLE STORAGE
- CRYOGENIC FLUIDS
- BATTERY SYSTEMS
- LP-GAS (FOR FIRE DEPARTMENT PRE-PLAN INFORMATION ONLY)

Complete the following applicant/designer/owner information.

APPLICANT INFORMATION	DESIGNER INFORMATION
NAME	NAME
COMPANY	COMPANY
ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP
PHONE EMAIL	PHONE EMAIL
LICENSE NUMBER	LICENSE NUMBER
OWNER INFORMATION	OTHER (please specify)
NAME	NAME
COMPANY	COMPANY
ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP
PHONE EMAIL	PHONE EMAIL
	LICENSE NUMBER

CERTIFICATION				
Signature of Applicant	I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction will conform to the regulations and requirements of the current adopted North Carolina State Building Codes, Town of Garner Ordinances and applicable standards. Under penalty of law, the undersigned does hereby certify, that the signature shown is the signature of the license holder or an authorized agent of the license holder. The undersigned further indemnifies the Town of Garner and its employees against damages that may arise during the construction process.			
	Address	Name	Date	Phone
Note: This permit shall become invalid if the authorized work is not started within six (6) months from the date issued, and/or if the authorized work is suspended for a period of twelve (12) months after the time for the commencing work. If no work has begun, the permit may be returned within six (6) months with a request for cancellation and a refund for the portion of the work which was not completed.				