

HOODS and AUTOMATIC FIRE SUPPRESSION SYSTEMS PERMIT APPLICATION

LINCOLN COUNTY FIRE MARSHAL'S OFFICE
MAILING ADDRESS: 115 WEST MAIN STREET, LINCOLN, N.C. 28092
OFFICE ADDRESS: 302 NORTH ACADEMY STREET, LINCOLN, N.C. 28092
PHONE 704-736-8516
FAX 704-736-8697

APPLICATION TO MAINTAIN, STORE OR HANDLE MATERIALS, OR CONDUCT PROCESSES WHICH PRODUCE CONDITIONS HAZARDOUS TO LIFE OR PROPERTY, OR TO INSTALL EQUIPMENT USED IN CONJUNCTION WITH SUCH ACTIVITIES AS REQUIRED BY THE NC STATE BUILDING CODE - FIRE PREVENTION CODE

APPLICATION IS HEREBY MADE BY THE UNDERSIGNED FOR A PERMIT TO

USE
 INSTALL
 OPERATE
 CONDUCT

HOODS and AUTOMATIC FIRE SUPPRESSION SYSTEMS

IN OR ON THE PREMISES KNOWN AS _____,
THE FOLLOWING MATERIALS, PROCESSES OR OPERATIONS (describe briefly what is to be done and state what hazardous materials are to be used);

INFORMATION REQUIRED: (Continue on additional pages if needed)

1. State what NFPA Codes are to be met
2. State what NC State Building Code – Fire Prevention Codes are to be met
3. State what NC State Building Codes are to be met
4. Submit 3 sets of all plans, blueprints and hydraulic calculations
5. List the type, size, quantity and location of Fire Protection Equipment
6. List all devices, alarm zones, wiring methods, piping methods, monitoring, and all other equipment related to job
7. Shop drawings in complete detail as developed by the manufacturer or installation company for that particular hood/fire suppression system
8. Permit to be issued after plan review - no work to start until permit has been issued
9. N.C. State Contractor License's Number related to installing hoods and fire suppression systems
10. K-Type Fire Extinguisher will be required also

This application shall be considered valid as long as the above criteria, codes and local ordinances are met.

Conditions, surroundings and arrangements to be in accordance with the NC State Building Code - Fire Prevention Code. Complete plans and construction details must be filed on all major projects when requested by the Fire Marshal's Office.

BUSINESS NAME

BUSINESS ADDRESS, CITY, STATE, ZIP CODE

APPLICANT'S SIGNATURE

PHONE NO. _____

DATE _____

In so far as the NC State Building Code – Fire Prevention Code is concerned, this application is

Approved Not Approved

FIRE MARSHAL

DATE _____