

Permit # _____

RED SPRINGS INSPECTION DEPARTMENT

PO Box 790, Red Springs, NC 28377

FIRE SPRINKLER PERMIT

OWNER'S NAME _____ PHONE # _____

ADDRESS _____

LOCATION OF PROPOSED WORK

CONTRACTOR _____

LICENSE # _____ CONTACT # _____

TYPE OF USE: RESIDENTIAL _____ COMMERCIAL _____

TYPE OF WORK: NEW _____ REPAIR _____

EQUIPMENT TO BE INSTALLED: _____

FEES:

Application Fee.....\$100.00

Technology Fee.....\$5.00

Total # of Heads _____ (minus 20) x \$1.00 = \$ _____

Total fee to be paid..... \$ _____

Request for inspections can be made by contacting the Red Springs Inspections Department between 8:00am & 5:00pm Monday thru Friday. The phone number is (910)843-5241 ext. 226

I hereby certify that all information in the application is correct and all work will comply with the North Carolina Plumbing Code and all other applicable State and local laws, ordinances and regulations. I will notify the Red Springs Inspection Department in the event there are any changes in the approved plans of this project.

Owner/Contractor Signature

Date of Application