



Revised - 12/2/19

Permit # \_\_\_\_\_ - \_\_\_\_\_

# FIRE PREVENTION PERMIT APPLICATION

INSP \_\_\_\_\_

Fire Marshal Office (912) 644-5960, Fax (912) 525-1607

**INSTRUCTIONS: PLEASE CIRCLE, CHECK MARK OR WRITE ALL REQUESTED DATA**  
(Must be completed in ink, PAYMENT ACCEPTED BY CHECK OR MONEY ORDER ONLY)

**I. PROJECT ADDRESS** \_\_\_\_\_ **PIN #** \_\_\_\_\_

**PROJECT NAME:** \_\_\_\_\_ **SUBDIVISION:** \_\_\_\_\_

**COMPLETE DESCRIPTION OF WORK:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check all that apply:  Sprinkler  Alarm  Fire Suppression System  CO Detection system  
 Bi-Directional Amp  Area of Refuge  Click to Enter (Gate system)  Gate Access Control

**CLASS OF WORK:**  NEW  ADDITION  ALTERATION  REPAIR  OTHER

**VALUATION OF JOB: (INCLUDE LABOR/MATERIAL/PROFIT):**\$ \_\_\_\_\_

**II. WHO WILL BE RESPONSIBLE FOR THIS WORK?**  OWNER  CONTRACTOR

**NAME:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **TEL. NO.:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**III.** I hereby certify that I have answered all of the questions contained herein and know the same to be true and correct. All work performed under this permit must comply with State law and local ordinances. Further, I understand that any permit issued, based upon false information or misrepresentation provided by the applicant, will be null and void and subject to penalty as provided by law and ordinance.

\_\_\_\_\_  
Licensed Contractor/Owner

\_\_\_\_\_  
Date

\*\*\*\*\*

Phone # _____	Master Permit # _____
Permit # _____	Date Applied _____
Project # _____	

**FEE DUE \$** \_\_\_\_\_ **FEE PAID \$** \_\_\_\_\_ **CHECK #** \_\_\_\_\_