CITY OF ASHEBORO

FIRE INSPECTIONS

APPLICATION FOR FIRE PERMIT

APPLICATION #_____ DATE: _____

CONTRACTOR/COMPANY NAME _____

COMPANY ADDRESS _____

_____ ZIP _____

TELEPHONE _____ FAX _____

CONTACT PERSON _____

PROJECT NAME _____

PROJECT ADDRESS _____

SQUARE FOOTAGE _____ TYPE _____

NUMBER OF HEADS TO BE INSTALLED _____ (SPRINKLER FIRE ALARM FLOW TEST)

TOTAL COST OF JOB (VALUATION) $_____

ENGINEER/DESIGNER NAME _____

TELEPHONE _____ FAX _____

SPRINKLER LICENSE # _____

SIGNATURE OF CONTRACTOR _____ DATE _____