

Job Address _____

Date _____



To Fire Sprinkler Inspection Section

NOTIFICATION OF FIRE SPRINKLER INSTALLATION

District Office _____	Building Permit Number _____
Use of Building _____	Occupancy _____
Owner _____	Type _____
Owners Address _____	Number of Stories _____
New Building <input type="checkbox"/> Addition <input type="checkbox"/> Existing Building <input type="checkbox"/> Sprinklers Thruout <input type="checkbox"/> Water Curtain <input type="checkbox"/>	
Type System Required: NFPA 13 <input type="checkbox"/> NFPA 13-R <input type="checkbox"/> NFPA 13-D <input type="checkbox"/> Supervised System <input type="checkbox"/>	
Location: _____	

Referral By _____	Phone _____