

LENOIR COUNTY PLANNING & INSPECTIONS

101 N. Queen Street
P.O. Box 3289
Kinston, N.C. 28502

Phone: (252) 559-2260
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FIRE PROTECTION SYSTEM PERMIT APPLICATION

Name of Project: _____

Address of Project: _____

Installer/Contractor: _____ Phone: _____

Address: _____ License # _____

Property Owner: _____ Phone: _____

Designer of Record: _____ Phone: _____

Description of Proposed System(s) _____

- | | |
|--------------------------------------|--|
| Type System: | Building Occupancy: |
| <input type="checkbox"/> wet | <input type="checkbox"/> Business <input type="checkbox"/> Institutional <input type="checkbox"/> High Piled Storage |
| <input type="checkbox"/> dry | <input type="checkbox"/> Hazardous <input type="checkbox"/> Residential <input type="checkbox"/> Educational |
| <input type="checkbox"/> combination | <input type="checkbox"/> Storage <input type="checkbox"/> Assembly <input type="checkbox"/> Mercantile |
| <input type="checkbox"/> hood system | <input type="checkbox"/> Other _____ |

Number of Sprinkler Heads: _____ Job Valuation: _____

Plan Requirements:
Sprinkler Systems: Sprinkler plans and hydraulic calculations
Hood Systems: Layout and installation instructions
Minimum Inspections Required: Pressure Test, Rough In and Final

Scheduling Inspections: Please request inspection one day in advance or by 8:15 of the day the inspection is needed. Be sure to have approved plans on site during inspections.

Electrical Permits: An additional permit is required for associated electrical work and is not included with a fire protection permit.

I hereby certify that all information in this application is correct and all work will comply with the state building code and all other applicable state and local laws, ordinances and regulations. The Inspection Department will be notified of any changes of the approved plans and/or specifications for the project herein.

Signature: _____ Date: _____

Name (Print): _____

Company Representing: _____