



Permit No. _____

APPLICATION FOR FIRE SYSTEMS PERMIT

City of Columbia Community Development Department/ Building and Site Development Division
 701 E. Broadway, Columbia, Missouri 65201
 Phone: (573) 874-7474 Fax: (573) 874-7283

Job Address	Tenant
Contractor	Property Owner
Address	Address
City, State, Zip	City, State, Zip
Telephone	Telephone
Cell Phone #	Cell Phone #
E-Mail (Required)	E-Mail (Required)

DESCRIPTION OF WORK

TYPE OF SYSTEM INSTALLED:	Sprinkler System-- New Building		Sprinkler System-- Existing Building	
	Alarm & Detection System		Fixed Hood Suppression System	
VALUE OF WORK:	Sprinkler System-- Existing Building	\$		
	Fixed Hood Suppression System	\$		

I hereby certify the information contained in this application to be correct and I assume responsibility for all inspections.

_____ Date _____ Approved By: _____
 Name of Contractor (printed)

_____ TOTAL PERMIT FEE \$ _____
 Contractor Signature Required

All alarm and detection work must be permitted by licensed electrician.

