

FIRE SYSTEM PERMIT APPLICATION

City of Columbia Community Development Department/
 Building and Site Development Division
 701 E Broadway, Columbia MO 65201

For Office Use Only	
Permit No.	
Permit Fee	\$
Approved By:	

Please Print Clearly

Job Address:	Tenant Name:
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Contractor Name:	Property Owner:
Contractor Address:	Owner Address:
City/State/Zip:	City/State/Zip:
Contractor Telephone:	Owner Telephone:
Contractor E-Mail:	Owner E-Mail:

Description of Work:

Type of System Installed / Value of Work	
Sprinkler System / Value	\$
Alarm & Detection System / Value	\$
Fixed Suppression System / Value	\$

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

 Name of Contractor (Printed)

 Contractor Signature (required)

 Date Signed

2012 IFC Section 904.1.1 Certification of service personnel shall include those who install and service water based fire protection systems, automatic detection and manual fire alarm systems. At least one person employed by the company providing the service shall possess either UL or NICET Level 1 certification for the system on which they are working.