

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:
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	# sets plans/documents
Sprinkler System (<i>Attach NICET**</i>)	\$	4
Alarm & Detection System	\$	3
Fixed Suppression System	\$	3

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

**2015 IFC Section 904.1.1
 Certification of service personnel shall include those who install and service water based fire protection 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.
 (please attach NICET Certification with sprinkler application)