

**CITY OF MOUNTAIN BROOK**

56 Church Street, Mountain Brook, AL 35213  
205-802-3806 or 205-802-2400 option 4

Permit #	Permit Fee \$
Date Issued:	Issued By:

**FIRE PROTECTION PERMIT APPLICATION**

<b>Project Address:</b>	<b>Building Permit #:</b>
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	Name	Mailing Address	Phone	Fax
Applicant:				
Property Owner:				
Contractor:				
Designer:				
Contact Person:				

Property Use		Type of Work	
<input type="checkbox"/> Assembly	<input type="checkbox"/> Business	<input type="checkbox"/> New Construction	<input type="checkbox"/> Existing Building
<input type="checkbox"/> Educational	<input type="checkbox"/> Other: _____		<input type="checkbox"/> New System
<input type="checkbox"/> Residential			<input type="checkbox"/> Existing/Alteration
<input type="checkbox"/> Mercantile			<input type="checkbox"/> Repair/Replace

Type of Permit	Submittal Requirements	
<input type="checkbox"/> Sprinkler NFPA 13	<input type="checkbox"/> Working drawings (2 sets)	<input type="checkbox"/> Water supply information
<input type="checkbox"/> Sprinkler NFPA 13 D	<input type="checkbox"/> Spec. sheets for all components/devices	<input type="checkbox"/> Hydraulic calculations
<input type="checkbox"/> Sprinkler NFPA 13 R		
<input type="checkbox"/> Standpipe	<input type="checkbox"/> Working drawings (2 sets)	<input type="checkbox"/> Water supply information
	<input type="checkbox"/> Spec. sheets for all components/devices	<input type="checkbox"/> Hydraulic calculations
<input type="checkbox"/> Fire Pump	<input type="checkbox"/> Working drawings (2 sets)	<input type="checkbox"/> Water supply information
	<input type="checkbox"/> Pump curve	<input type="checkbox"/> <b>Electrical Permit Required</b>
<input type="checkbox"/> Fire Alarm System	<input type="checkbox"/> Working drawings (2 sets)	<input type="checkbox"/> Battery Calculations
	<input type="checkbox"/> Spec. sheets for all components/devices	
<input type="checkbox"/> Hood Suppression System	<input type="checkbox"/> Working drawings (2 sets)	<input type="checkbox"/> Spec. sheets for all components/devices
<input type="checkbox"/> Life Safety Plans Review	<input type="checkbox"/> Working drawings (2 sets)	<input type="checkbox"/> Life Safety Plan & Code Summary
<input type="checkbox"/> Cert. of Occupancy Insp.		

The Fire Code Official shall be notified when the system installation reaches the appropriate stage of completion for an inspection. The permit holder shall assure that the inspections have been conducted and approved by the Fire Code Official when applicable. By signing below, I understand that the permit is granted for the work shown and described in this application. Any falsification, misrepresentation or misleading information given VOIDS this permit. **Inspections for Fire Protection Systems will be performed by the Fire Prevention Office. Please call 205-802-3838 to schedule a Fire Inspection.**

**APPLICANT CERTIFIES THAT ALL INFORMATION PROVIDED IS CORRECT AND THAT ALL APPLICABLE LAWS AND ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THE PERMIT IS ISSUED AND THEY ARE AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION.**

Permit Applicant Signature:	Date:
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DO NOT WRITE BELOW THIS SPACE - FOR OFFICE USE ONLY

**Inspection Requirements**

<input type="checkbox"/> No Inspection Required	<input type="checkbox"/> Underground Connections	<input type="checkbox"/> Piping: Coverage	<input type="checkbox"/> System Operation
<input type="checkbox"/> Plan Review	<input type="checkbox"/> Underground Flush	<input type="checkbox"/> Aboveground Flush	<input type="checkbox"/> Emergency /Exit Lights
<input type="checkbox"/> Above Ceiling	<input type="checkbox"/> Underground Hydrostatic	<input type="checkbox"/> Aboveground Hydrostatic	<input type="checkbox"/> Final

**Certification Requirements**

System shall be tested in accordance with the applicable NFPA Standard. Test shall be witnessed by a Fire Department representative. The applicable certification documents shall be provided to the Fire Department representative witnessing the test. The final inspection will not be performed until all appropriate Test Certificates have been submitted.

Special restrictions or requirements:

Plans Reviewed By:	Date:
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