

CITY OF NEW BERN FIRE-RESCUE APPLICATION FOR FIRE PROTECTION SYSTEM PERMIT

Please fill in completely before presenting for approval. All information must be accurate and legible. If you make an error be certain to correct it on all copies. This will be a permanent record. PLEASE BE NEAT.

NUMBER	STREET	<input type="checkbox"/> Inside City Limits	<input type="checkbox"/> Extra-Territory Limits
		<input type="checkbox"/> First Fire District	<input type="checkbox"/> Other _____

Property Owner: _____ Phone: _____ Phone: _____

Address: _____ State: _____ Zip Code: _____

Engineer: _____

Contractor: _____ License No: _____ Phone: _____

Address: _____ State: _____ Zip Code: _____

Building Contractor: _____ Phone: _____ Phone: _____

USE OF BUILDING	TYPE OF CONSTRUCTION	TYPE OF WORK	SYSTEM INFORMATION
<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Educational <input type="checkbox"/> Institutional <input type="checkbox"/> Assembly <input type="checkbox"/> Storage <input type="checkbox"/> Mercantile <input type="checkbox"/> Industrial <input type="checkbox"/> Hazardous	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V	<input type="checkbox"/> New Construction <input type="checkbox"/> Additions <input type="checkbox"/> Alterations <input type="checkbox"/> Tenant Fit-Up	Code Required System? <input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Sprinkler (Full) <input type="checkbox"/> Sprinkler (Partial) <input type="checkbox"/> Standpipe <input type="checkbox"/> Other (Specify) _____
			Size of Fire Line? _____

Size of Structure (Sq. Footage): _____ No Stories: _____ No. Sprinkler Heads: _____ Basement? Yes No

The undersigned hereby makes application for a permit and the inspection of all work described above, and hereby agrees to comply with all building regulations and other laws applicable to the use and construction of the fire protection referred herein.

Signature of Applicant: _____ Date: _____

- NOTES**
1. Call for inspection at proper stage of work
 2. This application becomes a permit only when approved by the City of New Bern Fire Prevention Bureau.

OFFICIAL USE ONLY: Do Not Write Below This Line

Comments or Additional Requirements: _____

Plans Submitted? Yes No Date: _____ Plans Approved? Yes No Date _____

FINAL APPROVAL BY FRE OFFICIAL	DATE	FEE	PERMIT NUMBER
--------------------------------	------	-----	---------------

Applicant's Copy - White

Building Official's Copy - Pink

Fire Official's Copy - Yellow