

# CITY OF UTICA



## FIRE PROTECTION SYSTEM PERMIT APPLICATION

DATE: \_\_\_\_\_

DETECTION SYSTEM

SUPPRESSION SYSTEM

NO. OF SPRINKLER HEADS: \_\_\_\_\_ SQ. FT. OF BUILDING:  
\_\_\_\_\_

INSTALLATION OF: NEW SYSTEM

ALTERATION:

TYPE OF SYSTEM:  
\_\_\_\_\_  
\_\_\_\_\_

CONTRACTOR:  
\_\_\_\_\_

ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ FAX:  
\_\_\_\_\_

PROPERTY OWNER:  
\_\_\_\_\_

ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ FAX:  
\_\_\_\_\_

**\*\*A copy of your Contractor License MUST be included with this application.\*\***

**Signature of Applicant:** \_\_\_\_\_

- Prints to include:**
1. Site for hydrant location
  2. Building location
  3. Sprinkler prints
  4. Alarm prints
  5. Hood Systems

Approved By: \_\_\_\_\_