

**FIRE INSPECTION DIVISION**

Office: 400 South Cherry St., Wilkesboro, NC 28697

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FIRE ALARM PERMIT APPLICATION

All sections are required to be filled out completely and legibly.

SECTION A - Building Location and Ownership Information

Building Name	Former Name if Applicable
Building 911 Address	
Building Owner	
Owner Address City, State, Zip	
Phone	Email

SECTION B - Applicant Information

Company	Contact Person
Company Address City, State, Zip	
Phone	Email

SECTION C - Fire Alarm System

Complete for all new fire alarm installations or alterations to existing systems.	
Installer	
Designer	
Designer Email	
System Features	<input type="checkbox"/> Manual <input type="checkbox"/> Automatic <input type="checkbox"/> Emergency Force Notification <input type="checkbox"/> Non- Required System <input type="checkbox"/> Voice Evacuation <input type="checkbox"/> Horn/Strobe Notification
This application must be accompanied by: 1) Battery Calculations and shop drawings, see section F. 2) Manufacturer's specifications and information for each type of system component being installed.	

SECTION D - Fees

Fire Alarm System	
Consulting Design	\$
(Make checks payable to Town of Wilkesboro) Total Fee	\$

SECTION E - Project Specific Details

All shop drawings should be drawn on sheets of uniform size and at a minimum should include the following information: <input type="checkbox"/> Submittals shall be in accordance with NFPA 72, Section 7.4 and the following: <input type="checkbox"/> (a) Name of installer or contractor <input type="checkbox"/> (b) Device legend in accordance with NFPA 170, Standard for Fire Safety and Emergency Symbols <input type="checkbox"/> (c) Floor plans drawn to scale: Rooms, walls, doors, HVAC <input type="checkbox"/> (d) Room descriptions <input type="checkbox"/> (e) Fire alarm device/component locations <input type="checkbox"/> (f) Locations of fire alarm primary power connections <input type="checkbox"/> (g) Locations of monitor/control interfaces to other systems	
Project Start Date	Project Completion Date
Signature of Applicant:	Your signature attest to the accuracy of the information provided on this form, to include specific manufacturer details.