

Garden City Fire Marshal's Office 160 Main Street, Garden City, GA 31408



912-966-7780

Fire Protection System Permit Application

DATE						IT NO			
THIS APPLICATION SHALL REPAIR, OR USE A STRUCT							e for a per	MIT TO E	RECT, ALTER,
Project Name:			Project Address	s:					
City:	ST:	ZIP:	Parcel ID#:						
Building Owner:			Address:						
City:	ST:	ZIP:	Phone:			Email:			
Contractor:									
City:Business License#:	_ST:	ZIP:	Phone:	4.	Tuno#i	Email: _			
business License#			State Licenser	#. <u></u>	rype#:				
PURPOSE OF PERMIT:									
[] Fire Sprinkler	[] Fire Alar	m [] C	Commercial Hood	[] Fire S	uppression Fix	ed System	[] Paint B	ooth & Fi	re Suppressio
[] Smoke Control System	[] Knox Bo	x Control							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
[] Other:		_							
BUILDING DESCRIPTION:	Type of Cons	struction: I	I III IV V (A)	(B)	Type of Occu	pancy: A B	E F H I	M R	S MISC.
Mixed Occupancy Breakd Total Impervious Coverag									
Total Impervious Coverag	eorraturer	sidg. Site (iiic	Juding Blug. 1 ootpi	<u>. </u>	JIIIVIATED COS	i oi consino	oction		
INCIDENTAL TO THE DEFENS OR PROPERTY CAUSED BY O IN ANY WAY CONNECTED W OF GEORGIA ARISING OUT C WITHOUT COST TO THE CITY ANY SUBCONTRACTOR, OR AND UNDERSTAND ALL INFO PROVISIONS OF LAWS AND O	R SUSTAINED ITH WORK PE OF OR IN ANY 1, THE DEFENS ANYONE DIRE DRMATION OI	IN CONNECTION RFORMED UNITED WAY CONNECT SE OF AN AND CTLY OR INDIR N THIS APPLICA	ON WITH THE PERFORI DER THE PERMIT OR F TED WITH THE ACQUIS ALL CLAIMS, LITIGATIC RECTLY EMPLOYED UNI ATION AND THAT THE	MANCE OF THIS OR ANY AND ALI SITION OF AND C ONS AND ACTION DER THE SUPERN ABOVE STATEMI	PERMIT OR BY C L CLAIMS FOR DA CONSTRUCTION L IS, SUFFERED TH VISION OF ANY O ENTS AND INFOR	ONDITIONS CRE MAGES UNDER JNDER THE PER ROUGH ANY AC F THEM. I HERE MATION SUPPL	ATED THEREBY THE LAWS OF MIT AND SHAL T OR OMISSIO BY CERTIFY TH	Y OR ARISI THE UNIT L ASSUME IN OF THE IAT I HAVE	NG OUT OF OR ED STATES OR AND PAY FOR, APPLICANT OR EXAMINED
PLEASE PRINT NAME						APPLICANT'S	SIGNATURE		
CODE REFERENCE :			O NOT COMPLETE THE						
Fire Zone:			Fire Alarm Dispatch #	:		_			
DEV. PERMIT NO	DATE ISS	UED	VERIFIED BY,	/DATE	ISSUED BY _		_		
FIRE MARSHAL'S OFFICE PER	MIT HOLDS/R	EMARKS:							