

Commercial Kitchen Hood Fire Suppression System

System Type (CIRCLE ONE)		NEW CONSTRUCTION	REMODEL	REPLACEMENT
Site Address:		Unit#:		Office Use Only: Application Number Permit Issued: Permit Number: Permit Ready to Issue: Permit Fee: Contacted: Phone Email
Scope of Work:				Application Date:
TOTAL COST OF WORK:				Anticipated Start:
Is this part of a larger project? YES NO If yes, what project?				Anticipated End Date:
Applicant (check one)				
Owner of Property	Name:		Email:	
	Address:		Phone:	
General Contractor	Name:		Email:	
	Address:		Phone:	

REQUIRED ITEMS TO BE SUBMITTED BY APPLICANT

System Type (CIRCLE ONE)	DRY CHEMICAL	WET CHEMICAL	CO2	OTHER
Is the system a UL 300 Listed system? YES NO				
Description / Spec Sheet of Equipment				
What cooking appliances is the system designed to protect? (Number and Type)				

Contractor/Applicant Signature: _____



- PLEASE ATTACH PLANS / SKETCHES TO THIS APPLICATION.
- PERMITS MUST BE OBTAINED BEFORE WORK BEGINS.
- ACCEPTANCE OF PAYMENT DOES NOT CONSTITUTE A PERMIT.
- SUBMISSION OF THIS FORM DOES NOT GUARANTEE OR GRANT APPROVAL TO START WORK.
- APPLICATION VOID IF WORK IS NOT STARTED WITHIN 6-MONTHS AFTER PERMIT ISSUANCE.