

1220 S. Bolton St.
(903) 589-3510 Office
(903) 541-2812 Fax



City of Jacksonville

PERMIT #

DATE:

Automatic Fire Alarm System and Sprinkler System Application

Name of Job:

Address of Installation:

Name of Installer:

Address of Installer:

Phone # of Installer:

State License #:

Nature of work being done:

FLAMMABLE & COMBUSTIBLE LIQUID TANK

FIRE ALARM SYSTEM

VENT-A-HOOD SYSTEM & AUTOMATIC FIRE EXTINGUISHER

FIRE SPRINKLER SYSTEM

Submitted By:

Date:

Signature:

IF WORK IS STARTED BEFORE PERMIT IS ISSUED, THE FEE IS DOUBLED

Three (3) sets of plans are required at time of Application Submittal