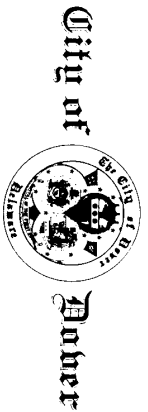


FIRE PREVENTION PERMIT



A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION.
 WHEN READY FOR INSPECTION OR WHEN CHANGING CONTRACTORS CALL 736-7011
 24 HOURS IN ADVANCE

D. TECHNICAL SITE DATA
 DATE RECEIVED: _____
 DATE ISSUED: _____

Work Site Location _____
 Subdivision _____ Lot No. _____
 Owner _____
 Address _____
 Tele. (____) _____
 Contractor _____
 Address _____
 Tele. (____) _____
 Dover Business License No. _____

B. FIRE PROTECTION CHARACTERISTICS

Building Use: Present _____ Proposed _____
 Constr. Class: Present _____ Proposed _____
 Heating Systems () New () Existing
 Type: () Gas () Oil () Electrical () Solar
 () Other _____
 Location in Building _____
 Total Est. Cost of Fire Prot. Work \$ _____ () Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)	Failure	Approval	Initial
() No Plans Required	Type:				
() Fire Plans Approved	Suppression Test				
Date: _____	Fire Alarm Test				
Approved by: _____	Smoke Test				
	Sprinkler Test				
	Hood Insp.				
() Permit Approved	Other				
Date: _____	Other				
Approved by: _____	Other				

C. CERTIFICATION IN LIEU OF OATH
 I hereby certify that I am the (agent of) owner of record and am authorized to make this application, and will perform all work in accordance with the applicable Codes and Ordinances.

 SIGNATURE

Description of Work	Number	FEE (Office Use Only)
Water Supply Source		
Method of Valve Supervision		
Local Alarm Supervision		
Central Supervision		
Proprietary Supervision		
Flammable Liquid Storage Tanks	() Capacity _____ Fuel _____	
Combustible Liquid Storage Tanks	() Capacity _____ Fuel _____	
L.P.G. Storage Tanks	() Capacity _____ Fuel _____	
L.N.G. Storage Tanks	() Capacity _____ Fuel _____	

O.S.Y. VALVE		
P.I. VALVE		
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Pull Stations		
Horns/Strobes		
Duct Detectors		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes <i>See Appendix A</i>		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO ₂ Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or <i>Other</i> Fired Appliance		
OTHER <i>Amplified Kitchen Hood & Exhaust System</i>		
Paid () Check # _____ CASH _____ \$		
Collected by: _____ TOTAL FEE \$ _____		

Applicant's Copy to be posted in Front Window ASAP
 U.C.C. Form F-140A
 1 White - Inspector Copy
 3 Pink - Office Copy
 2 Canary - Office Copy
 4 Gold - Applicant Copy