



FIRE PREVENTION PERMIT

INSP _____

Post Office Box 1027, Savannah, GA 31402
Fire Marshal Office (912) 644-5960, Fax (912) 644-7959

Permit # _____ - _____

INSTRUCTIONS: PLEASE CIRCLE, CHECK MARK OR WRITE ALL REQUESTED DATA
(Must be completed in ink, PAYMENT ACCEPTED BY CHECK OR MONEY ORDER ONLY)

I. PROJECT ADDRESS _____ **PIN #** _____

PROJECT NAME: _____ **SUBDIVISION:** _____

COMPLETE DESCRIPTION OF WORK: _____

Check all that apply: Sprinkler Alarm Fire Suppression System Underground Tank

VALUATION OF JOB: (INCLUDE LABOR/MATERIAL/PROFIT):\$ _____

CLASS OF WORK: NEW ADDITION ALTERATION REPAIR OTHER

II. WHO WILL BE RESPONSIBLE FOR THIS WORK? OWNER CONTRACTOR

NAME: _____ **CITY:** _____

COMPANY NAME: _____ **STATE:** _____ **ZIP:** _____

ADDRESS: _____ **TEL. NO.:** _____ **FAX NO.:** _____

IF CONTRACTOR IS RESPONSIBLE PLEASE SUPPLY OWNER'S NAME:

III. I hereby certify that I have answered all of the questions contained herein and know the same to be true and correct. All work performed under this permit must comply with State law and local ordinances. Further, I understand that any permit issued, based upon false information or misrepresentation provided by the applicant, will be null and void and subject to penalty as provided by law and ordinance.

Licensed Contractor/Owner

Date

Phone # _____

Master Permit # _____

Permit # _____

Date Applied _____

Project # _____

FEE DUE \$ _____ **FEE PAID \$** _____ **CHECK #** _____