



**CITY OF FRANKLIN
APPLICATION FOR FIRE PREVENTION PERMIT**

Date_____

BUILDING PERMIT NUMBER:_____ (IF APPLICABLE)

A permit is hereby requested to install the following fire protection system at:

Street address:_____

Lot # / Suite #: _____

Owner / Occupant Name: _____

Builder: _____

Building: ☐ New ☐ Existing ☐ Addition ☐ Moved

Type of system to be installed:

Underground Fire Main		Standpipe System	
Hydrant		FDC	
Wet Sprinkler System		Dry Sprinkler System	
Engine Fire Pump		Electric Fire Pump	
Clean Agent System		Total Flooding	
Monitored - Waterflow		Monitored Fire Alarm	

Dry Chemical System Make/Model#_____

Wet Chemical System Make/Model # _____

Manual Fire Alarm System Make/Model # _____

Automatic Fire Alarm System Make/Model # _____

Additional information: _____

Applicant's Company Name:_____

State Registration # (Class A, B or C):_____

Signed: _____

Contract Value: \$_____ Fee: \$ _____

I understand this permit is granted only for the work shown and described in this application. Any falsification, misrepresentation or misleading information given VOIDS this permit.

CITY OF FRANKLIN
DEPARTMENT OF COMMUNITY DEVELOPMENT
207 WEST SECOND AVENUE, FRANKLIN, VIRGINIA 23851
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