

**RESTAURANT / COOKING
Fire Protection System
Plan Submittal**

Date:			Permit #
Contractor Contact:			Phone:
Project Name/Address:			Projected Start Date:
Contact:			Phone:
Contact e-mail:			
New Permit		Notes:	
First Submittal		Notes:	
Resubmittal		Notes:	
Plans Not Approved		Notes:	
Additional Review		Notes:	
Approved Plans		Notes:	
INSTALLATION	QTY.	BASE RATE	FEE
Base 1 to 5 Nozzles:		\$50.00	\$
Over 5 Nozzles		\$10.00 Per Nozzle	\$
TOTAL PERMIT FEE			\$

Representative

Fire Official

Date

How many sets of Plans would you like returned?

Fire Marshal will keep 1 set

Total Amount Paid \$ _____

☐ **Cash:**

☐ **Check #** _____

____ **Staff Initials**