



APPLICATION FOR FIRE PREVENTION PERMIT

Town of Cape Charles Building Department

Municipal Building

2 Plum Street

Cape Charles, VA 23310

(757) 331-2176 Fax: (757) 331-4820

codeofficial@capecharles.org

PLEASE FILL OUT FORM COMPLETELY

Date _____

BUILDING PERMIT NUMBER: _____

(IF APPLICABLE)

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

Street address: _____

Owner Name & Mailing Address: _____

Owner Phone #: _____

Builder Name & Phone #: _____

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): _____

Email Address: _____ Fax #: _____

Signature: _____

Print: _____

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.