



Town of Pembroke

PO Box 866
Pembroke, NC 28372
PHONE #: 910-521-9758
FAX #: 910-521-0472

SUPPRESSION SYSTEM PERMIT APPLICATION

Site Address: _____ Zip: _____
Business Name _____
System Contractor: _____ Phone: _____ Fax: _____
Contractor Address: _____ License #: _____

Type of Occupancy: _____
Type of Fire Suppression System: ___ FM 200 ___ Wet Chemical ___ Dry Chemical
Type of Work: ___ New Construction, ___ Alteration, ___ Addition
Number of Nozzles: _____ Nozzle Types: _____
Number of Tanks: _____ Size of Tanks: _____

- The following information must be submitted with, or on the plans:
- Size, length and arrangement of piping.
 - Description and location of nozzles from protected appliances.
 - Location and function of detection devices, operating devices, auxiliary equipment and electrical circuitry if used.
 - Flow rate per nozzle(s).

The undersigned hereby makes application for a permit and the inspection of all work described above and hereby agrees to comply with all building regulations and other laws applicable to the use and type of construction of the building referred herein.

Signature _____ Date _____

FOR OFFICE USE BELOW THIS LINE

Approved by: _____ Date: _____ Fee: _____ Permit # _____