



Commercial Kitchen Grease Hood & Chemical
FIRE SUPPRESSION SYSTEM PERMIT APPLICATION

TYPE OR PRINT ALL INFORMATION

Date _____

Manufacturer _____ Model/Type _____

Building Name (If applicable) _____

Street Address of System Installation: _____

Tenant Name: _____ Tel. _____

Property Owner: _____ Tel. _____

Address _____ City _____ State _____ Zip _____

System Contractor: _____ Tel. _____

Address _____ City _____ State _____ Zip _____

System Contractor Project Manager: _____ State License # _____

(Signature)

Minimum Required Submissions:

- Refer to the Fire Chemical Suppression System Checklist for minimum requirements for submittals -

All applicable information outlined in NFPA standards and the International Fire Code, along with fee payment must be received with this application prior to plan review. Installation of any portion of the system is not allowed prior to issuance of the permit.

Office Use Only:

Required System: Y N

Reviewed by: _____ Date: _____

Total Fee: \$125* Permit # Issued _____ Receipt # _____

*This fee is assessed per hood, and only if the complete permit application package is not submitted with the original building construction permit plans submission package.

Make permit fees payable to "Hailey Fire Department", 617 S Third Ave., Hailey ID, 83333 Tel. 208-788-3147, FAX 208-788-0279