



NEW HANOVER COUNTY FIRE SERVICES

230 Government Center Dr. Suite 130
Wilmington, NC 28403
(910) 798-7420, Fax (910) 798-7052
e-mail: fireforms@nhcgov.com



Serving and Protecting Wilmington since 1897

CITY OF WILMINGTON FIRE AND LIFE SAFETY

230 Government Center Dr Suite 150
Wilmington, NC 28403
(910) 343-0696, Fax (910) 341-0097
e-mail: fls@wilmingtonnc.gov

Is your project located in the unincorporated area of New Hanover County ___ or in the Wilmington City limits ___?

FIRE SPRINKLER / STANDPIPE / FIRE PUMP SYSTEM PERMIT APPLICATION

Site Address: _____ Zip: _____

Business Name _____

System Contractor: _____ Phone: _____ Fax: _____

Contractor Address: _____ License #: _____

Building Contractor: _____ Address: _____

Phone: _____ NHC Building Permit #: _____

Type of Work

- New Construction
- Alteration
- Addition
- Tenant Upfit

Building Information

Type of Occupancy _____ Construction Type _____ Types must be based on the NC Fire Prevention Code.
 Size of building or area under construction _____ sq ft Number of stories _____ Basement Y or N
 Ceiling Const per NFPA 13, Chapter 3 - _____ Obstructed _____ Non-obstructed
 Seismic Rating _____

Type of System

- _____ Wet _____ Dry _____ Pre-action _____ Antifreeze _____ Deluge _____ Foam _____ Rack Storage
- _____ High-Piled Storage _____ Water Spray _____ Fire Pump _____ Standpipe

Check all NFPA standards that apply

- _____ 13 _____ 13R _____ 13D _____ 14 _____ 15 _____ 16 _____ 20

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 _____

If applying for a City permit, you will be invoiced for any charges.
If applying for a County permit, please fill out the following.

Method of Payment: CASH CHECK CREDIT CARD CHARGE ACCOUNT # _____

FOR OFFICE USE BELOW THIS LINE

Approved by:	Date:	Fee:	Permit #
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Plans Submitted (2 sets) Y or N Date Received: _____