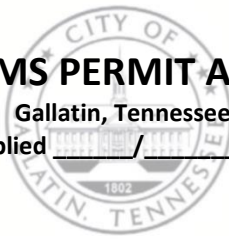


# FIRE SYSTEMS PERMIT APPLICATION

Gallatin, Tennessee

Date Applied \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_



Project Address	Suite (if applicable)	Subdivision	Lot #
Property Owner	Mailing Address	Phone	Email
Contractor	Mailing Address	Phone	Email
Agent	Mailing Address	Phone	Email
Class of Work <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Repair <input type="checkbox"/> Change Out			
Use of Building <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family <input type="checkbox"/> Industrial			
<b>System Type</b>		<b>Quantity</b>	
Automatic Sprinkler			
# of sprinkler heads		_____	
# of risers		_____	
Fire Pump		_____	
Fire Alarm System		_____	
Non-flammable Medical Gas System		_____	
Kitchen Hood System		_____	
Other Fire Suppression System		_____	
_____		_____	

This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended or abandoned for a period of 6 months at any time after work in commenced.

In the event the licensed contractor disclosed hereon is replaced on this project, the Gallatin Building Department shall be immediately notified. Failure to notify may result in revocation of this permit and is a violation of state law.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. Contractor and/or homeowner/builder is responsible to adhere to all existing setbacks, easements, and/or buffer yards located on said property.

I hereby certify that I am the:  Owner  Owner's Agent and all official correspondence in connection with this application should be sent to my attention using the contact information for myself in the abovementioned.

\_\_\_\_\_  
Print or type name here

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner or Owner's Authorized Agent