



FIRE DEPARTMENT PERMIT APPLICATION

OFFICE USE ONLY	OFFICE USE ONLY
PERMIT#: _____ RECEIVED BY _____	FP: _____ RETURN DATE _____
DATE REC: _____ DUE DATE: _____	REVIEWER: _____
<input type="checkbox"/> NEW <input type="checkbox"/> REVISION <input type="checkbox"/> RESUBMITTAL	<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED

PROPERTY DESCRIPTION

Site Address: _____ APN: _____

Work Description: _____

Construction Cost (includes design, material, and labor): _____

- RESIDENTIAL COMMERICAL
 FIRE SPRINKLER—NEW CONSTRUCTION FIRE SPRINKLER - REMODEL/TI FFP SYSTEM FIRE ALARM OTHER

Number of Sprinkler Heads: _____ Number of Alarm Devices: _____ Number of Flow Points : _____

BE ADVISED NEW BUILDINGS, ADDITIONS OR ALTERATIONS TO EXISTING BUILDINGS SHALL COMPLY WITH NMC CHAPTER 15.04

PROPERTY OWNER

Is the permit being pulled as "owner-builder"? Yes No

Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone #: _____

CONTRACTOR

Company Name: _____ Contact Name: _____

Contractor License#: _____ Expires: _____

City of Napa Business License #: _____ Expires: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone #: _____

APPLICANT/PRIMARY CONTACT

All communication from our office will be made to this person via email.

Contact Name: _____ Firm/License#: _____

Email: _____ Phone #: _____

SIGNATURE

I certify that the information on this application is true and correct.

Print Name: _____ Signature: _____ Date _____

I represent the: Owner Contractor Authorized Agent (please provide a signed "Agent Authorization Form" or letter)