



FEE AMOUNT \$ _____

CHECK No. _____ CASH ()

DATE: _____

PERMIT NO. _____

ISSUED BY _____

CITY OF DOTHAN, ALABAMA
PLANNING AND DEVELOPMENT DEPARTMENT
**FIRE PROTECTION SYSTEMS
PERMIT APPLICATION**

Permission is hereby requested by _____
NAME Phone

Contractor's Address _____ City _____ State _____

Work performed at Street Address: _____

- To install: () AUTOMATIC FIRE SPRINKLER SYSTEM
() COMMERCIAL FIRE ALARM SYSTEM
() FIXED FIRE SUPPRESSION SYSTEM

Owner's Name: _____
PRINT

JOB VALUE: \$ _____

Drawings Approved by Fire Marshall: ()

State License NO. _____ NICET No. _____ City License No. _____

PERMIT TYPE:

AFSS
CFAS
FFSS

CLASS OF WORK

New _____
Alt. _____
Add. _____
Rep. _____

BUILDING USE CODE

Church _____
Education Building _____
Hospital _____
Institution _____
Miscellaneous _____
Office Complex _____
Shopping Center _____
Warehouse _____

NOTE: This application is subject to all ordinances and codes of the City of Dothan and the State of Alabama. I hereby acknowledge that I have read this application and state that the above information is true and correct.

LICENSED CONTRACTOR DATE