

City of Dunn Inspections Department 102 N. Powell Ave. P.O. Box 1065

Dunn, NC 28335

Main: (910) 230-3505 Fax: (910) 230-9005

APPLICATION FOR <u>FIXED FIRE SUPPRESSION</u> PERMIT

☐ Inside City Limits ☐ Outside C	City Limits	
Application must be completely filled out		
Address:NC License #:	City:	Telephone: Zip: State: Zip: Telephone:
5.		n Addition Tenant Fit-Up
Type(s) of Standard That Apply: 11 12 12 16 17 17 17A		
Type of System: ☐ Wet ☐ Dry ☐ Foam		
Building Information: Type of Occupancy (Based on NC Construction Type: S		
Notes: Please include (2) Sets of Incomplete applications w		
Applicant Signature:		Date:
Inspector Signature:		Date:
Please allow five (5) k	ousiness days for proc	essing and issuance of permit.
*Inspections Department Use Only:	Number of Plans Subm	nitted: Date Received:
City of Dunn Building Permit #:		