

Inspections/Planning
252-726-4456



Fire Marshal's Office
252-726-7361

Town of Atlantic Beach
FIRE PROTECTION PERMIT APPLICATION

JOB ADDRESS: _____ TYPE PAYMENT: () CASH () CHARGE
 ADDRESS DESCRIPTION: _____ () NO CHARGE
 JOB DESCRIPTION: _____ JURISDICTION: () CITY () COUNTY
 _____ BUILDING PERMIT NUMBER: _____

OWNER: _____
 TELEPHONE NO: _____

CONTRACTOR: _____ CONT. ACCOUNT NO: _____
 ADDRESS: _____ STATE LICENSE NO: _____
 CITY: _____ STATE: _____
 ZIP CODE: _____ TELEPHONE NO: _____
 E-MAIL ADDRESS: _____

PERMIT TYPE: _____
 SCOPE OF WORK: _____

APPLICANT: THIS APPLICATION ALSO SERVES AS YOUR PERMIT. THE PERMIT BECOMES VALID ONLY WHEN THE FIRE OFFICIAL HAS SIGNED BELOW. THE PERMIT HOLDER IS REQUIRED TO REPORT THIS WORK WHEN READY FOR INSPECTION. THE FIRE MARSHAL WILL REQUIRE A ROUGH-IN INSPECTION AND A FINAL INSPECTION. THERE WILL BE A \$50.00 INSPECTION FEE FOR FINAL PERFORMANCE TESTING AND INSPECTION OF FIRE PROTECTION SYSTEMS. THE REQUEST FOR FINAL INSPECTION FORM CAN BE FOUND ON THE TOWN FIRE MARSHAL'S WEB SITE. ALL WORK TO BE DONE ACCORDING TO CITY AND STATE LAWS.

REQUESTED BY: _____ DATE: _____
 (Please Print)

SIGNATURE: _____

OFFICE USE ONLY

TYPE OCCUPANCY: _____

TYPE APPLICATION: _____

<p>SPRINKLER</p> <input type="checkbox"/> Hydraulically Calculated <input type="checkbox"/> Pipe Schedule <input type="checkbox"/> Wet Pipe <input type="checkbox"/> Dry Pipe Volume: _____ <input type="checkbox"/> Pre-Action Non-Interlocked <input type="checkbox"/> Pre-Action Single Interlocked <input type="checkbox"/> Pre-Action Double Interlocked Vol/# Spkls: _____ <input type="checkbox"/> Antifreeze <input type="checkbox"/> Deluge <input type="checkbox"/> Comb. Dry Pre-Action <input type="checkbox"/> Circ. Closed Loop <input type="checkbox"/> Foam Water <input type="checkbox"/> Fire Pump <input type="checkbox"/> NFPA 13R Design	<p>FIRE ALARM</p> <input type="checkbox"/> General Alarm <input type="checkbox"/> Sprinkler Monitor <input type="checkbox"/> Elevator Recall <input type="checkbox"/> Fire Safety Functions <input type="checkbox"/> Emergency Voice Functions <input type="checkbox"/> Coded Signal <input type="checkbox"/> Detection Only <p>SPECIAL PERMITS</p> <input type="checkbox"/> Temp. Tent Structures <input type="checkbox"/> Outdoor Fireworks <input type="checkbox"/> Compressed Gas <input type="checkbox"/> Flamm/Combust. Liquids <input type="checkbox"/> Haz. Materials <input type="checkbox"/> Industrial Ovens Other: _____	<p>OTHER SUPPRESSION SYSTEMS</p> <input type="checkbox"/> Stand Pipe Class: _____ Type: _____ <input type="checkbox"/> Clean Agent <input type="checkbox"/> Wet Chemical <input type="checkbox"/> Dry Chemical <input type="checkbox"/> Carbon Dioxide <input type="checkbox"/> Foam Project No: _____ Fire Official Approval _____ Plans included in GC Jobsite Copy? _____
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NOTES: _____

_____ **REVIEW FEE**
 _____ **PERMIT FEE**
 _____ **TOTAL FEE**

INSPECTIONS DEPARTMENT
 BUS : 252-726-4456
 FAX: 252-727-7043
inspectionsdirector@atlanticbeach-nc.com

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 P.O. BOX 10, 125 W. FORT MACON RD.
 ATLANTIC BEACH, NC 28512

FIRE MARSHAL'S OFFICE
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 FAX: 252-726-1804
DeputyChief@atlanticbeach-nc.com