

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 _____

At Street Address: _____

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

Owner's Name: _____
PRINT

Valuation: \$ _____ 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