

BAY MINETTE FIRE DEPARTMENT FIRE PROTECTION COMPANY APPLICATION



| Date: |
|---|
| Applicant Company: |
| Mailing address of Company: |
| Company contact Name and number: |
| Applicant Name: |
| Applicants contact number: |
| Employees on file that will work on this job or in this area (must include their qualifications): |
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| |
| Type of permit: |
| Location of Work to be completed: |
| (if applying for an annual permit put Annual) |
| Contract price (if installation permit): |
| Expected date for Work to be complete: |
| (If applying for annual permit put December 31 of this year) |



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| | ☐ City business license |
|------|---|
| | □ Proof of insurance |
| | ☐ Set of plans (hood, alarm, sprinkler or ERCC) |
| | □ Permit Fee (\$50.00 for service; \$50.00 per 10K installation) |
| 1. | Restaurant Fire Suppression Systems ☐ The qualifier must be either manufacturer certified, which restricts them to that manufacturer. (Local Requirement) ☐ NAFED/ICC certified (State Requirement) |
| 2. 9 | Sprinkler Systems Current sprinkler permit through the Alabama State Fire Marshal's Office |
| 3. 1 | Fire Alarm Systems Current fire alarm permit through the Alabama State Fire Marshal's Office All NICET certifications |
| 4. I | Fire Extinguishers |
| 5. I | Emergency responder communication coverage |
| | ☐ Manufacture training☐ FCC license |