

Southgate Fire Department

14730 REAUME PARKWAY
SOUTHGATE, MI 48195



(734) 258-3080
FAX: (734) 246-1352

APPLICATION FOR PERMIT

DATE: _____

BUSINESS	OWNER	APPLICANT
Name: _____ Address: _____ Phone: _____	Name: _____ Address: _____ Phone: _____	Name: _____ Address: _____ Phone: _____

The above named individual/business hereby makes application for the installation of the following:

Automatic Sprinkler
 Fire Alarm
 UL 300 Hood System
 Temporary Structure
 Effective _____
 Other _____

NOTE: The applicant is required to submit a minimum of three (3) sets of plans, drawings or other documentation for evaluation of this application.

	FEE AMOUNT	
After work completed Call <u>48 hours</u> in advance for Inspection!		

I, hereby acknowledge that I have read this application, that the information given is correct, that I am the OWNER, or DULY AUTHORIZED TO ACT IN THE OWNER'S BEHALF and as such hereby agree to comply with the applicable requirements of the FIRE PREVENTION CODE. It is further understood that this APPLICATION DOES NOT CONSTITUTE A PERMIT AND IS NOT A LICENSE.

Where applicable – separate permits are required for building construction activity
Including ELECTRICAL, PLUMBING and MECHANICAL INSTALLATIONS.

Signature *(for office use only)* _____ Title _____ Phone No. _____

FIRE SUPPRESSION PERMIT ISSUED BY SOUTHGATE FIRE PREVENTION BUREAU

COMMENTS: Applicable permit issued subject to receipt of payment of fees and work completed, after which final inspection will take place. **Permit No.** _____

To comply with all codes, ordinances and standards enforced by this office.
THIS PERMIT MUST BE POSTED ON THE ABOVE MENTIONED PREMISES

White – Fire Department’s Copy * Yellow – Treasurer’s Copy * Pink – Applicant’s Copy