



Fire Protection Permit Application

DATE RECEIVED: _____

Garrett County Maryland
Permits and Inspections Division

203 South Fourth Street – Room 208
Oakland, MD 21550

Permits: 301-334-7470
Fire Inspections: 301-334-5400
permitsandinspections@garrettcountry.org

Permit #: _____

Building Address: _____ _____ Suite/Apt.# _____ Subdivision: _____ Lot: _____	Occupant or Tenant: _____ Was tenant space previously occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____ Email: _____
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Type of Fire Protection System: <input type="checkbox"/> Automatic Fire Sprinkler <input type="checkbox"/> Full NFPA 13 <input type="checkbox"/> Partial NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D Number of Heads This Project: _____ <input type="checkbox"/> Standpipe System <input type="checkbox"/> Fire Alarm and Detection Number of Systems _____ <input type="checkbox"/> Kitchen Hood Suppression Number of Systems _____ <input type="checkbox"/> Medical Gas <input type="checkbox"/> Automatic Sprinkler Main <input type="checkbox"/> Other Fire Suppression (Wet and Dry Chemical, Foam, etc.) _____	Property Owner's Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone 1: _____ Phone 2: _____ Email: _____ Applicant's Information, (If other than stated herein): _____ Phone: _____ Fax: _____
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Building Permit Number: _____ Is This a new System? <input type="checkbox"/> Yes <input type="checkbox"/> No Building Contractor: _____ Existing Use (occupancy): _____ Proposed Use (occupancy): _____ Estimated Construction Cost (system): \$ _____ Description of Work: _____	Fire Protection Contractor Company: _____ Contact Person: _____ Address: _____ City: _____ State: _____ Zip Code: _____ License No. : _____ Phone: _____ Fax: _____ Email: _____
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Responsible Design Professional (If Different from Above) Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____ Email: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF GARRETT COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

_____ Applicant's Signature	_____ Print Name
_____ Email Address	_____ Date

Checks Payable to: **GARRETT COUNTY COMMISSIONERS** ****PLEASE PRINT NEATLY & LEGIBLY****

- FOR OFFICE USE ONLY -			
AGENCY	DATE	SIGNATURE OF APPROVAL	
Fire Marshal Office			

Filing Fee	\$	Total Fees	\$
Permit Fee	\$	Sub- Total Paid	\$
Tech Fee	\$	Balance Due	\$
Add'l per Fee	\$		