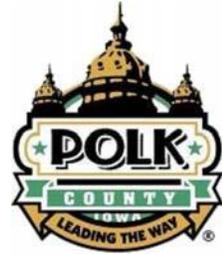


APPLICATION FOR FIRE SPRINKLER INSTALLATION PERMIT



Building Address: _____
 General Contractor/ Owner: _____
 Fire Sprinkler Company: _____ Company Phone Number: _____
 Licensed Fire Sprinkler Installer: _____ Iowa License #: _____
 Certified Iowa Extinguishing System Contractor: _____ Contractor License #: _____

Scope: New Installation Modify Existing System

Fire Protection System: Fire Sprinkler Stand Pipe Alternate System Commercial Cooling System
 Dry-Chemical Clean Agent Other

Fire Protection Standard: NFPA 13 NFPA 13D NFPA 13R Stand Pipe U.L. 300

Type of Protection System: Wet Dry Wet & Dry Other

Description of Work:

Total Square Feet _____ Number of Stories _____ Number of Risers _____
 No. of Sprinkler Zones _____ Number of Sprinkler Heads _____ Size of Underground _____

***Value of Sprinkler Installation \$** _____

*The value shall be the total value of all work for which the permit is issued.
 (The value should be equal the contract amount for the project.)

Permit fee schedule - Fire Sprinkler Permit fees will be paid by the licensed Installer and/or Their Company.

Value of Sprinkler Related Work	Permit Fee
\$1-500	\$34.00
\$501-2,000	\$2.14/per hundred + \$34.32
\$2,001-25,000	\$9.86/per thousand + \$67.60
\$25,001-50,000	\$7.18/per thousand + \$301.60
\$50,001-100,000	\$5.03/per thousand + \$485.68
\$100,001-500,000	\$3.86/per thousand + \$743.60
\$500,001-1,000,000	\$3.32/per thousand + \$2,330.64
>\$1,000,000	\$2.19/per thousand + \$4,043.52

NOTICE: Separate permits are required for building, electrical, plumbing, heating, and air conditioning, or signs. This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

I agree to perform the work described herein in accordance with the plans and/or specifications submitted, and with all provisions of the Building Code of Polk County, IA.

TOTAL PERMIT FEE \$ _____

Signature of Applicant _____

Date