



Life. Well Crafted.

**HICKORY FIRE DEPARTMENT  
DIVISION OF FIRE AND LIFE SAFETY**

76 North Center Street, Hickory, NC 28601  
Phone: (828) 323-7522 Fax: (828) 323-7476



**CONSTRUCTION PERMIT APPLICATION**

**Type of System or Equipment and Work:**

Fire Suppression System:  New Install  Renovation/Modification Existing

Sprinkler System:  New Install \_\_\_\_\_  Renovation/Modification Existing  
(bldg. sq. ftg for new install only)

Fire Alarm System:  New Install \_\_\_\_\_  Renovation/Modification Existing  
(bldg. sq. ftg for new install only)

Flam/Comb Liquids Storage Tank(s)  New Install  Removal or place Out of Service  
 Aboveground  Underground # of Tanks \_\_\_\_\_

Other: \_\_\_\_\_

**Description of Work: Plans Submitted:**  Yes  No

**Project Information: (Must have complete address: numerical, street name and quadrant)**

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

**Fire Protection Contractor Information: (Name of company applying for permit)**

Contractor: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

NC State License #: \_\_\_\_\_ Class(es): \_\_\_\_\_

The undersigned made application for permits and inspection of work described and agrees to comply with all applicable state and local codes and laws regulating the work. All fees are in accordance to the Fee Schedule based on type of system or equipment and description of work. **Double fees will be charged when work is started prior to obtaining a permit.**

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Please Print Clearly)

**Applicant Signature:** \_\_\_\_\_

**DIVISION OF FIRE AND LIFE SAFETY USE ONLY:**

Reference #/Permit #: \_\_\_\_\_

Customer #: \_\_\_\_\_

Paid: \_\_\_\_\_