



**CITY OF HINESVILLE
FIRE DEPARTMENT**

FIRE SUPPRESSION SYSTEM INSTALLATION PERMIT

(Please Print)

Contractor: _____
License Holder: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____
Email Address: _____

Project Address: _____
Property Owner: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____
Email Address: _____

Work Description

Note to Applicant: Plans must be provided along with your permit.

Date

Applicant's Signature

Fire Department Recommendation: Approved Disapproved

Date

Fire Chief or Authorized Agent

Permit Fee: **\$100** Paid by: Check # _____ Cash Credit
