



**Chatham County Department of Building
Safety & Regulatory Services**

P.O. Box 8161, Savannah, GA 31412-8161
912-201-4300 - Fax 912-201-4301



FIRE PREVENTION PERMIT

P.I.N.: _____ *Obtained from Tax Assessors Office (912) 652-7271.*

Project Address: _____

Owner/Applicant: _____

Address: _____

Phone No. (____)____ - _____ Email _____

Building Type: _____

Scope of Work:

- Fire Sprinklers Fire Alarm Suppression System
- Type 1 Exhaust Hood Fire Safety Inspection/Life Safety Inspection BDA
- Tanks up to 600 gallons (Use New Commercial application for tanks over 600 gallons)

Valuation of job (include labor, material, and profit): \$ _____

Class of work: New Addition Alteration Repair Location Change

Contractor's Name: _____

Company: _____

Address: _____

Phone No. (____)____ - _____ Email _____

I hereby certify that I have answered all the questions contained herein and know the same to be true and correct. All work performed under this permit must comply with State Law and local ordinances. Further, I understand that any permit issued, based upon false information or misrepresentation provided by the applicant, will be null and void and subject to a penalty as provided by law and ordinance.

Applicant Signature

Date

Approved By: _____ Date: _____