



# City of Gastonia Fire Department

260 N. Myrtle School Rd., Gastonia, NC 28052

Office: (704)-866-6807 Fax: (704) 866-6052



## CONSTRUCTION PERMIT APPLICATION

Fire Suppression System:  New Install  Renovations / Modifications  
 Fire Sprinkler System:  New Install \_\_\_\_\_  Renovations / Modifications  
 (Bldg Sqft for New Install Only)

Fire Alarm System:  New Install \_\_\_\_\_  Renovations / Modifications  
 (Bldg Sqft for New Install Only)

Flam/Comb Liquids Storage Tanks:  New Install  Removal or Place Out of Service  
 Above Ground  Under Ground # of Tanks \_\_\_\_\_

Other: \_\_\_\_\_  
 Description of Work: \_\_\_\_\_ Plans Submitted  Yes  No

### Project Information : (Must have complete address: Street number and street name)

Project Name: \_\_\_\_\_  
 Project Address: \_\_\_\_\_  
 Owner / Tenant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Fire Protection Contractor Information: (Name of Company applying for permit)

Contractor: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 NC State License #: \_\_\_\_\_ Class(es): \_\_\_\_\_

The undersigned makes applications 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.**

Permit Fee: \$ \_\_\_\_\_ Total Fee: \$ \_\_\_\_\_

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

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

### FIRE DEPARTMENT USE ONLY:

Permit # \_\_\_\_\_ Customer #: \_\_\_\_\_ Account# 10-531-320000

**Payment: Make in person (Monday - Friday, 8 am to 5 pm) or make payment by mail to the Attn: City of Gastonia Revenue Collections Office at P.O. Box 1748, Gastonia, NC 28053. DO NOT MAIL CASH. Use check or money order. Payment required for permit to be valid. Return this form with payment.**

*Phil Welch  
 Fire Chief  
 Welch\_phil@cityofgastonia.com*