**APPLICATION FOR FIRE PROTECTION SYSTEM INSTALLATION**

Please check one: COMMERCIAL: \_\_\_\_\_\_\_ INDUSTRIAL: \_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Name of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Name of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Site Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lot/Ste: \_\_\_\_\_\_\_\_\_

Contractor’s Name on Work Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contractor(s) Phone No. on Work Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimation of project cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What type of system being installed?**

1. Sprinkler system: (New) $ 100.00\_\_

$100.00 plus .25 per sprinkler head

 \_\_\_\_\_\_\_\_ X .25 $ \_\_\_\_\_\_\_\_

 Total: $ \_\_\_\_\_\_\_\_

1. Alteration to automatic sprinkler system: (Existing) $ 50.00\_\_\_

$50.00 plus .25 per sprinkler head

 \_\_\_\_\_\_\_\_ X .25 $ \_\_\_\_\_\_\_\_

 Total: $ \_\_\_\_\_\_\_\_

**\*\*\*REMINDER TO CONTRACTORS\*\*\***

**When mailing in applications, please remember to send a self-addressed stamped envelope in order to receive your copy.**

**Office Use only**

**Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\* IF PLANS ARE REQUIRED A RELEASE BY STATE OF INDIANA YOU WILL NEED TO PROVIDE A COPY TO THE BUILDING DEPARTMENT OFFICE\*\***