

VERSION 2-08-18
OFFICE USE ONLY

SPRINKLER PERMIT APPLICATION

Main Permit #: _____

Parcel #: _____

Permit #: _____

DATE: _____

PROJECT ADDRESS: _____

PROJECT/BUSINESS NAME: _____

PROPERTY OWNER: _____

OWNER'S ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

CONTRACTOR: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

STATE LICENSE #: _____ BLACKSBURG LICENSE #: _____

CONTACT PERSON: _____ CELL: _____

ALT PHONE: _____ FAX: _____ EMAIL: _____

VALUE OF WORK (materials and labor): \$ _____ PLANS SUBMITTED:

SCOPE OF WORK: _____

Application is made herewith for a Sprinkler Permit on the premise stated above. The applicant hereby agrees that all work will comply with the current VUSBC, all state and local regulations and in accordance with approved plans. The applicant further attests that the information provided in the application is true and correct. Applications are processed in the order they are received, and if approved, you will be notified by email or phone. Inspections require 24-hour advance notice.

Printed Name: _____

Applicant Signature: _____