



# Cooking Hood/Special Fire Extinguishing System Permit Application

New/Replacement System     Alteration/Modification of Existing System

### Property Information

Referenced Building Permit Number (when applicable): \_\_\_\_\_

Permit Address: \_\_\_\_\_

Name of Business/Organization: \_\_\_\_\_

Owner/Responsible Party: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Contractor Information

*\*Must be registered with the City of Dickinson*

Installation Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Installer: \_\_\_\_\_ Installer State License#: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Field of Work

Install Hood     Install Fire Extinguishing System     Installing Hood & Fire Extinguishing

System Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Model #: \_\_\_\_\_ Serial #: \_\_\_\_\_

System Size: \_\_\_\_\_ # Nozzles/Heads: \_\_\_\_\_

\*\*\* The Applicant shall be responsible to ensure that design specifications and plans are complete and in compliance with the requirements of the International Fire Code and applicable NFPA Standards.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Approved     Revise & Resubmit

Approved As Noted (Construction May Proceed)     Rejected (**Resubmission Required**)

Fire Marshal: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
Permit#: _____	Issue Date: _____