



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

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



**Gregori S. Anderson, CBO
Director**

**Clifford Bascombe, CBO
Assistant Director**

FIRE PREVENTION PERMIT

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

Project Address: _____

Owner:

Name: _____ Phone No. (____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Occupant Load: _____

Building Type: School Church Restaurant/bar Hospital/medical
 Retail Child Care Other _____

Scope of Work:

Fire Sprinklers Fire Alarm Suppression System (Ansul, Halon, Etc.)
 Tank Exhaust Hood Type I Type II Fire Safety Inspection

Other: _____

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

Class of work: New Addition Alteration Repair

Contractor's Name: _____

Company: _____

Address: _____

Phone No. (____) _____ - _____ State License # _____

Local License # _____ Jurisdiction _____

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.

Licensed Contractor Date

Approved By: _____ Date: _____