



Special Suppression System
 APPLICATION/PERMIT
 Fire Safety Review, Fire Prevention Division
 Grand Island Fire Department
 100 East First • P.O. Box 1968
 Grand Island, NE 68802

Date _____

Building Address: _____ Grand Island, NE _____

*Owner: _____ Phone: _____

Email: _____

Address: _____

*System Contractor: _____ Phone: _____

Email: _____

Address: _____

*System Agent: _____

*Class of Work: New Install _____ Partial _____ Repairs _____

If report attached – see comments:

Approved _____

Denied _____

System Review FEE: \$100.00

Fire Permit Fee Pd. \$ _____

IMPORTANT NOTICE – PLEASE READ CAREFULLY. Permits are granted on the express condition that the said installation shall, in all respects, conform to the Ordinances of the City of Grand Island, the International Fire Code and the Nebraska adopted NFPA Codes, and may be revoked at any time upon the violation of any of the provisions of said ordinances. **In addition to acquiring permission to install a system through this permit when properly signed, a final inspection must be requested and conducted from this office.** Permits are null and void if installation is not commenced within six (6) months, or if installation is suspended for a period of six (6) months at any time after work has commenced.

I hereby certify that I have read and examined this form and know the same to be true and correct. All provisions of laws and ordinances governing this work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any state or local law regulating alarm system installations. I further certify that I am authorized to sign this form.

 Fire Prevention Division Chief or Agent

 Signature of Contractor, Agent or Owner

 Date

 Date