

Cumberland County Fire Marshal's Office  
PO Drawer 1829  
Fayetteville, NC 28302  
(910)321-6736

**Application for Permit  
Fire**  
(See reverse side for Fire Alarm Application)

Applications and fees are submitted in Central Permitting, Historic Courthouse, 130 Gillespie St., Rm 106. Office hours for Central Permitting are 8:00 am – 4:30 pm. (910-321-6666, Fax 321-6637)

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

INSPECTION REQUESTED AT: Address \_\_\_\_\_

RESPONSIBLE PARTY: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**INSPECTION IS REQUESTED FOR:**

\_\_\_ Home Day Care(\$75) \_\_\_ Foster/Therapeutic(\$75) \_\_\_ Group Home(\$75) \_\_\_ ABC License(\$75)

\_\_\_ Fire Alarm (\$75) \_\_\_ Auto. Fire/Extinguishing Sys.(\$1.05 per sprinkler head/minimum \$50)

\_\_\_ USGT/AGST Pipes &Equip. Install/Removal (\$75) \_\_\_ Temp. Tents(\$75) \_\_\_ Other: \_\_\_\_\_

\_\_\_ Special Event (\$75) Title: \_\_\_\_\_

Special Event Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**OFFICE USE ONLY**

Special Events: Inspection Req'd before event: Yes \_\_\_ No \_\_\_ Inspection Date/Time: \_\_\_\_\_

Fire Equipment Required: Yes \_\_\_ No \_\_\_ Type \_\_\_\_\_

Firefighters Required: Yes \_\_\_ No \_\_\_ Number Required \_\_\_\_\_

**Required Attachments:**

\_\_\_ Plot Plan \_\_\_ Floor Plans \_\_\_ Safety Plans \_\_\_ Seating Plan  
\_\_\_ Blueprints \_\_\_ Hydraulic Data \_\_\_ Cert. Of Insurance \_\_\_ Manf Infor.  
\_\_\_ Tech Data Sheets \_\_\_ Copy of License/Cert. \_\_\_ Copy of Zoning Permit \_\_\_ Hazmat Survey  
\_\_\_ Other \_\_\_\_\_

Permit Type: \_\_\_ Operational \_\_\_ Construction

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Cumberland County Planning & Inspection  
PO Drawer 1829  
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Fire Alarm**

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**WORK TO BE PERFORMED AT:**

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

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

**FIRE ALARM CONTRACTOR:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**LOW VOLTAGE ELECT. CONTRACTOR:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ License #/Class.: \_\_\_\_\_ Elect. Contract Cost:\$ \_\_\_\_\_

**SYSTEM TO BE INSTALLED IN A:** New Structure\_\_\_ Addition\_\_\_ Existing Structure\_\_\_

**BUILDING OCCUPANCY:** \_\_\_\_\_

**DETAIL OF WORK BEING PERFORMED:** \_\_\_\_\_

**Information Required with Application:** Floor Plans/Blue Prints & Technical Data Sheets

<b>Applicant Signature:</b> _____	<b>Fire Alarm Installation:</b> \$ 75
<b>Date:</b> _____	<b>Elect. Permit:</b> \$ _____
	<b>Total:</b> \$ _____

Fire7-10Rev