City of Havelock
Planning and Inspections Department
PO Box 368, Havelock, NC 28532
(252) 444-6433 Email: permits@havelocknc.us

OFFICE USE ONLY
Application #: _____
Received: _____ By: _____

Sprinkler/Fire Alarm Permit Application

Applicant: ☐ **Contractor** ☐ **Property Owner** ☐ **Tenant/Business** ☐ **Other**

Project Address: _____ ☐ Residential ☐ Commercial

Applicant:		**Property Owner:** (if *different* from Applicant)	
Name:		Name:	
Address:		Address:	
Phone:		Phone:	
Email:		Email:	

Contractor Information

Contractor: _____

Contact:			
Address:		NC License #:	
		Classification:	
Phone:		**Signature:**	
Email:		Date:	

Project Information

Description of Proposed Work:	**Cost of Proposed Work:** $
	# of Manual Pull Stations:
	# of Sprinkler Heads:

I hereby certify that all information in this application is correct and all work will comply with the North Carolina State Building Code and all applicable State and Local Laws along with all City of Havelock Ordinances and Regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the permitted herein.

Applicant Signature: _____ **Date:** _____

Only ***ORIGINAL* signatures will be accepted**

FOR OFFICE USE ONLY

Fire Marshal Approval if required:		**Date:**
Approved by Planning/Zoning Official:		**Date:**
Building Official Approval:		**Date:**