

PERMIT#



CITY OF KINGS MOUNTAIN
FIRE PROTECTION APPLICATION – COMMERCIAL
E-MAIL TO TAMMY.SCRUGGS@CITYOFKM.COM

PROJECT ADDRESS: _____

PROPERTY OWNER: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ CELL# _____

3 SETS OF PLANS ARE REQUIRED – Please submit plans to Tammy with the Building Codes Dept located at 1013 N Piedmont Avenue KM NC 28086. We will get a set over to the Fire Dept for review.

PROJECT SCOPE: _____ NEW _____ ADDITION TO EXISTING

WORK DESCRIPTION _____

TOTAL NUMBER OF HEADS _____

***PLAN REVIEW FEE IS \$100.00 – PLUS .25 PER HEAD OVER 100 HEADS
IN ADDITION,**

***PERMIT FEE WILL BE CALCULATED BASED ON COST OF JOB**

FIRE PROTECTION CONTRACTOR INFORMATION

COMPANY NAME : _____

QUALIFIER : _____

LICENSE NUMBER : _____

CLASSIFICATION(S): _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

PHONE: _____ FAX: _____

PROJECT COST _____

SIGNATURE OF CONTRACTOR

DATE