



MOBILE FIRE RESCUE DEPARTMENT FIRE CODE ADMINISTRATION

Plan Review and Permit Application for Fire Protection Systems

Date: ____/____/____ BLDC _____ - _____ Contact: (____) _____ - _____

Project Name: _____ Project Address: _____

Contractor Company Name: _____

I submit this application affirming possession of valid certifications; license and insurance, with the understanding that all work performed shall be in accordance with the provisions of the 2018 International Fire Code with local amendments, also known as the "Fire Code of the City of Mobile."

UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND/OR PERJURY, I declare that I have made this application and it is true and correct to the best of my knowledge and belief.

Authorized Contractor: Print _____ Signature _____

Check Applicable Box(s)

<input type="checkbox"/>	Fire Alarm System: base fee + \$1 per appliance and device + \$25 per floor above 3rd floor	\$151
<input type="checkbox"/>	Fire Alarm System (existing system) involving 3 to 25 appliances and devices	\$101
<input type="checkbox"/>	Fire Alarm Control Panel	\$151
<input type="checkbox"/>	Sprinkler System: base fee + \$1 per head + \$25 per floor above 3rd floor	\$151
<input type="checkbox"/>	Sprinkler System (existing system) involving 3 to 25 heads	\$101
<input type="checkbox"/>	Sprinkler System Fire Pump	\$121
<input type="checkbox"/>	Sprinkler System Standpipe: base fee + \$5 per hose connection	\$121
<input type="checkbox"/>	Sprinkler System Private Fire Hydrant: base + \$50 per additional hydrant	\$241
<input type="checkbox"/>	Sprinkler System Underground Piping to Fire Protection Systems: base fee + \$241 per riser	\$241
<input type="checkbox"/>	Alternative Suppression Systems; Kitchen Hood, Clean Agent, Water Mist ect.....	\$151

All of the following information is to be completed by Fire Code Administration Plan Reviewer

Reminder: Electric Water-Flow Bells are required to be connected to the FACP with battery back up.

Reminder: Electric Fire Pumps are required to have a generator back up.

Permit Title/Scope of Work: _____

Comments: _____ **Reviewer: Permit Fee Due \$** _____

Reviewer Initials: _____ **Plan Review Completion Date** ____/____/____