



**MACON-BIBB COUNTY  
BUSINESS DEVELOPMENT SERVICES**  
200 Cherry Street, Suite 202  
Macon, GA 31201  
(478) 803-0470

**FIRE PROTECTION  
PERMIT  
APPLICATION**

**PROJECT INFORMATION**

AUTOMATIC SPRINKLER SYSTEM     FIRE ALARM     FIRE EXTINGUISHING SYSTEM

**Estimated Cost Value: \$** \_\_\_\_\_  
(Including Labor and Materials)

Job Site Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

Project Name/Business Name: \_\_\_\_\_

Detailed Scope of Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TRADE CONTRACTOR**

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

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

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

**DESIGN PROFESSIONAL**

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

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

**CONTACT PERSON**

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

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

**NOTICE:** No changes shall be made from that which is stated in this application, or in attached plans and specifications, except by submitting a revised application, plans and/or specifications and receiving approval of the Chief Building Official for such change. Granting of a permit shall not be construed as a permit for or an approval of any violation of the Building Code or any other state or local law regulating the construction or the performance of construction. I hereby certify that all construction will comply with the current Code as adopted by the Department of Business Development Services.

Signature of Licensed Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Permit fee must include plan review fee at time of permit application.**

Permit Fee: \$

Permit Tech:

Permit #: