



City of Utica

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FIRE PROTECTION SYSTEM PERMIT APPLICATION

DATE: _____

DETECTION SYSTEM []

SUPPRESSION SYSTEM []

NO. OF SPRINKLER HEADS: _____ SQ. FT. OF BUILDING: _____

INSTALLATION OF: NEW SYSTEM [] ALTERATION: []

TYPE OF SYSTEM: _____

CONTRACTOR: _____

ADDRESS: _____

PHONE: _____ FAX: _____

PROPERTY OWNER: _____

ADDRESS: _____

PHONE: _____ FAX: _____

A copy of your Contractor License MUST be included with this application.

Signature of Applicant: _____

- Prints to include: 1. Site for hydrant location
2. Building location
3. Sprinkler prints
4. Alarm prints
5. Hood Systems

Approved By: _____