



FOR OFFICE USE ONLY

PERMIT # _____

JOHNSON COUNTY CONSOLIDATED FIRE DISTRICT NO. 2

APPLICATION FOR FIRE DISTRICT PLAN REVIEW/PERMIT

PLEASE PRINT

DATE:

PLANS: HARD COPY

PDF/DIGITAL COPY

SECTION A: SITE INFORMATION			
Name of Building/Site:		Name of Lessee:	
Site Address:			
Building Owner:		Contact Name:	
Owner Address:			
Owner Contact Phone #:		Owner Email:	
SECTION B: PROJECT AND BUILDING INFORMATION			
<p>New Construction ➡ Square Footage of Largest Story</p> <p>Addition to Existing Building/Tenant Finish ➡ Square Footage within scope of work</p> <p>Protection System Modification/Installation ➡ Number of floors</p> <p>Fire Alarm System ➡ Are there duct detectors in the rooftop units? Yes No</p> <p>Fire Sprinkler System</p> <p>Commercial Kitchen Fire Suppression System</p> <p>Anticipated Start/Finish Date of Project: Start: Finish:</p>			
SECTION C: APPLICANT AND CONTRACTOR INFORMATION			
General Contractor:			
Contractor Address:		Phone:	
Applicant's Company Name:			
Contact Person:		Position:	
Contact Phone:		Email:	