



FOR OFFICE USE ONLY

PERMIT # _____

JOHNSON COUNTY CONSOLIDATED FIRE DISTRICT NO. 2**APPLICATION FOR FIRE DISTRICT PLAN REVIEW/PERMIT - Fire Sprinkler System**

PLEASE PRINT

DATE:

PLANS:

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HARD COPY

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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☐

Protection System Modification/Installation ➔ Number of floors

☐

Fire Sprinkler System

Anticipated Start/Finish Date of Project:

Start:

Finish:

SECTION C: APPLICANT AND CONTRACTOR INFORMATION

General Contractor:

Email:

Contractor Address:

Phone:

Applicant's Company Name:

Contact Person:

Position:

Contact Phone:

Email:

Johnson County Consolidated Fire District No. 2

3921 W. 63rd St

Prairie Village, KS 66208

Tel (913) 432-1105 Fax (913) 432-7867 www.cfd2.org