



FIRE SUPPRESSION/ALARM SYSTEM
PERMIT APPLICATION
CITY OF WAYNESBORO, BUILDING & ZONING DEPARTMENT

A.) TYPE OF PERMIT: (Two sets of plans are required. Permits may only be issued when sufficient information if given to show that the proposed work will comply with all building codes.)

- Commercial Hood Suppression
Fire Alarm
Building Sprinkler System

B.) SITE INFORMATION:

Physical Address: (Printed)

Property Owner of Record: (Printed) Phone #:

Owner's Mailing Address (if different): (Printed)

General description of work to be done:

Total Square Footage: Cost of work to be done:

C.) APPLICANT INFORMATION:

Applicant Name: (Printed)

- Property Owner
*Duly Authorized Tenant/Lessee
Contractor (please attach a copy of your VA Contractor's License)

State license #: Class: Exp. Date:

Tradesman license #: Exp. Date:

Mailing Address: (Printed)

Email Address: Phone #:

* Power of Attorney Form is required.

D.) SIGNATURE:

AFFIDAVIT: The undersigned [] property owner [] *duly authorized tenant/lessee [] contractor [check one] certifies that the foregoing information is true and correct to the best of my knowledge and belief; with the understanding that any incorrect information submitted may result in the denial or revocation of this permit. I hereby authorize the City of Waynesboro to review this request and visit the site if necessary as a result of the review.

Signature Date

* Power of Attorney Form is required.

FOR OFFICE USE ONLY:

Form box containing Date Rec'd, Permit #, Fee Paid, and checkboxes for Not approved and Approved, signed by Building & Zoning Department.