

DATE: _____

BUILDING PERMIT #: _____

Original Submittal _____ Resubmittal _____

**CITY OF EDMOND BUILDING & FIRE CODE SERVICES
SPECIAL HAZARD SYSTEM PERMIT APPLICATION**

Applicant Name _____ Contact Name _____

Mailing Address _____ City _____ State _____ Zip _____

Office Phone _____ E-Mail _____ Fax _____

Designer Name _____ Phone _____

(If Different From Above)

Project Name _____

Project Address _____

Please Check If: Engineered Pre-Engineered

Total Square Footage Protected By System _____

Special Hazard System: _____ Type of System\Agent: _____

(Manufacturer)

If Special Hazard, What Equipment Is To Be Protected?

Kitchen Computer Room

Paint Booth Wood Working Other: _____

SIGNATURE: _____ DATE: _____