



Fire Department / Building Safety  
307 South Randolph St.  
Champaign, IL 61820  
P (217) 403-6100 F (217) 403-6114

## Sprinkler Permit Application

Project Location: \_\_\_\_\_

New                      Alteration                      Replacement

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Application Date: \_\_\_\_\_ Total Contract Price: \$ \_\_\_\_\_

Description of Work: \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

*\$13 per \$1000 of Contract Price (\$55 min.)    5 Heads or fewer (\$45 min.)*

(check box) - I have read and confirm the following statement.

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as their authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Inspector \_\_\_\_\_