



City of New Albany, Indiana
Russ Segraves
Building Commissioner

APPLICATION FOR FIRE PROTECTION SYSTEM INSTALLATION

Please check one: COMMERCIAL: _____ INDUSTRIAL: _____ Date: _____

Name of Business: _____

Owner Name of Business: _____

Work Site Address: _____ Lot/Ste: _____

Contractor's Name on Work Site: _____

Contractor(s) Phone No. on Work Site: _____

Estimation of project cost: _____

What type of system being installed?

1. Sprinkler system: (New)		
\$100.00 plus .25 per sprinkler head		\$ <u>100.00</u>
	_____ X .25	\$ _____
		Total: \$ _____

2. Alteration to automatic sprinkler system: (Existing)		
\$50.00 plus .25 per sprinkler head		\$ <u>50.00</u>
	_____ X .25	\$ _____
		Total: \$ _____

Office Use only

Approved By: _____ Date: _____

**** YOU SHOULD PROVIDE THIS OFFICE WITH ONE COPY OF STATE RELEASE PLANS IF REQUIRED BY THE STATE OF INDIANA ****