



COMMERCIAL FIRE SUPPRESSION APPLICATION

Crook County Community Development
300 NE 3RD ST. Room 12, Prineville OR 97754
Phone: (541) 447-3211 Email: bld@crookcountyor.gov

Date Received:

Initials:

Valuation: \$ _____

Building Permit # _____

Building Name: _____ Occupancy Type: _____ Construction Type: _____

JOBSITE INFORMATION AND LOCATION

Job site address:	Property Owner:
City/State/ZIP:	Phone:
Suite/bldg./apt. no.:	E-mail:

Installation

<input type="checkbox"/> Addition	<input type="checkbox"/> Repair	<input type="checkbox"/> New	<input type="checkbox"/> Partial
<input type="checkbox"/> Alteration	<input type="checkbox"/> Complete	<input type="checkbox"/> Remove	<input type="checkbox"/> Hood / Vent
<input type="checkbox"/> Spray Booth	<input type="checkbox"/> Other:		

Sprinkler Type

<input type="checkbox"/> Wet	<input type="checkbox"/> Pre-action	<input type="checkbox"/> Anti-freeze	<input type="checkbox"/> Deluge
<input type="checkbox"/> Dry	<input type="checkbox"/> Other:		

Supply

<input type="checkbox"/> Underground Piping	<input type="checkbox"/> Vault	<input type="checkbox"/> PIV	<input type="checkbox"/> Fire Pump
<input type="checkbox"/> FDC	<input type="checkbox"/> Check Valve	<input type="checkbox"/> Hydrants	<input type="checkbox"/> Back flow

Standpipe

<input type="checkbox"/> Wet	<input type="checkbox"/> Dry	<input type="checkbox"/> Combination
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<input type="checkbox"/> Light Hazard <input type="checkbox"/> Ordinary Hazard 1 <input type="checkbox"/> 2 <input type="checkbox"/> Extra Hazard 1 <input type="checkbox"/> 2 <input type="checkbox"/> ESFR <input type="checkbox"/> ELO <input type="checkbox"/> High Piled Storage <input type="checkbox"/>		
Total Work Area: _____ sf	Total # of Heads: _____	Sprinkler Area: _____ sf
Building Size: _____ sf	Total # of Standpipes: _____	Orifice Size: _____ inches
# of Stories: _____	Density: _____ gpm/sf	"K" Factor _____
# of Systems: _____	Design Area: _____ sf	Temp Rating: _____ F

Description of Work: _____

Installing Company Information

Company Name: _____ Phone #: _____

Address: _____ City: _____, OR Zip: _____

Email: _____ CCB License #: _____

Applicant: _____

Signature: _____ Date: _____