



Smoke Control Systems Permit Application



Guil-Rand Fire Department
10506 S. Main St.
Archdale NC, 27263
336-431-2512
inspections@guil-randfire.com

Subject Property

Please Note: A construction permit is required for installation or modification of Smoke Control Systems.

Which below applies for what you need a Permit For:	Please Attach the Following Documents:
Please Check: <input type="checkbox"/> Passive Smoke Control <input type="checkbox"/> Mechanical Smoke Control	<ul style="list-style-type: none"> • Building Floor Plan • Component Cut Sheets • Fire Protection Plan • Exposure Plan • Life Safety Plan • Rational Analysis • Testing Procedures
Has a rational analysis been performed? <input type="checkbox"/> Yes <input type="checkbox"/> No *Permit cannot be issued until analysis is provided*	

Payment for permits will be invoiced directly to the customer.

Guil-Rand Fire Department
Attn: Fire Prevention Division
10506 S. Main St.
Archdale, NC 27263

Procedural Checklist

Applicants Name:	Phone:
Applicants Address:	Address of Installation
Engineer of Record:	License Number:

Occupancy Information

Address Where Permit is Needed:

New Facility Existing Facility

If Existing: Adding Equipment Changing Equipment

If new – Building Permit Number: _____

If new – Mechanical Permit Number: _____

Sq. Ft. of Property:

Fire Extinguishing Systems: Full Part None

Sq. Ft. of Building:

Fire Alarm System: Full Partial None

Building Occupancy Classification(s):

Monitored? Yes No

Examples: B, M, F, S, H

Name of Monitoring Company:

Date of Certificate of Occupancy:

Code Used(Year):

Basement: Yes No

Phone Number for Monitoring Company:

Number of Floors:

Occupied? Day Night Both

Is the facility reporting hazardous material under SARA Title III Federal Requirments: Yes No

DISCLAIMER

This is an application to submit for a permit. Submittal of this document does not guarantee a permit. No occupancy can occur prior to receiving an inspection. Permit will be issued during the on-site inspection if no violations are present.

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Owner/Agent Signature _____

OFFICIAL USE ONLY

Payment Received:

Check#

Date Received:

Received By: