



# Fire Protection Permit Application

DATE RECEIVED: \_\_\_\_\_

Howard County Maryland  
Department of Inspections, Licenses, and Permits

3430 Court House Drive  
Ellicott City, MD 21043  
Permits: 410-313-2455  
Inspections: 410-313-1810  
[www.howardcountymd.gov](http://www.howardcountymd.gov)

Permit #: \_\_\_\_\_

**Building Address:** \_\_\_\_\_  
\_\_\_\_\_  
Suite/Apt.# \_\_\_\_\_ SDP/WP/BA#: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

**Occupant or Tenant:** \_\_\_\_\_  
Was tenant space previously occupied?  Yes  No  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Type of Fire Protection System:**

- Automatic Fire Sprinkler
  - Full NFPA 13
  - Partial NFPA 13
  - NFPA 13R
  - NFPA 13D
 Number of Heads This Project: \_\_\_\_\_
- Standpipe System
- Fire Alarm and Detection
  - Number of Systems \_\_\_\_\_
- Kitchen Hood Suppression
  - Number of Systems \_\_\_\_\_
- Medical Gas
- Automatic Sprinkler Main
- Other Fire Suppression (Wet and Dry Chemical, Foam, etc.)

**Property Owner's Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_  
Email: \_\_\_\_\_

**Applicant's Information, (If other than stated herein):**  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Fire Protection Contractor**

Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
License No. : \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Responsible Design Professional (If Different From Above)**

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Building Permit Number:** \_\_\_\_\_  
Is This a new System?  Yes  No

Existing Use (occupancy): \_\_\_\_\_  
Proposed Use (occupancy): \_\_\_\_\_  
Estimated Construction Cost (system): \$ \_\_\_\_\_  
Description of Work: \_\_\_\_\_  
\_\_\_\_\_

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**Date**

Checks Payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY** \*\*PLEASE PRINT NEATLY & LEGIBLY\*\*

**- FOR OFFICE USE ONLY -**

AGENCY	DATE	SIGNATURE OF APPROVAL
Fire Protection		

Filing Fee	\$	Total Fees	\$
Permit Fee	\$	Sub- Total Paid	\$
Tech Fee	\$	Balance Due	\$
Add'l per Fee	\$		