



Olive Branch Fire Department

Fire Prevention Division

9245 Pigeon Roost

Olive Branch, MS. 38654

Fire Sprinkler Installation or Alteration Permit Application

Project Name _____ Project Address _____

Contractor Name _____ Contact Name _____

Contractor Address _____ Contact Phone # _____

City _____ State _____ Zip Code _____

Fax # _____ Permit # _____

SCOPE OF WORK

Describe Work To Be Performed: _____

Per NFPA 25, Water-flow devices are to be tested quarterly and a complete system annual inspection.

Have you provided the Fire Prevention Division a copy of your inspection agreement? Yes _____ No _____

_____ New System _____ Existing System Coverage Type: Total _____ Partial _____

Number of Devices on Existing System _____ Added number of devices to existing system _____

Is this system connected to a fire alarm system? Yes _____ No _____ No. of floors _____

Previous Sprinkler Contractor If Any: _____

NOTE: Submittals for review must include all items identified in the NFPA 13 requirements. Failure to provide any necessary information may result in a delay of the review process or rejection of your application.

By signing below, I understand that all applicable codes apply. Errors and/ or omissions on the plans and corrections from field inspections are the responsibility of the owner/contractor. All work is subject to the compliance with the City of Olive Branch, MS ordinances, adopted codes and standards and laws of the State of Mississippi. I understand this permit is good for a plan review of the project, an overhead inspection and final acceptance test.

Signature of Applicant _____ Date _____

Download this permit and turn it in with plans to the Fire Prevention Division of the Olive Branch Fire Department located at 9245 Pigeon Roost. You will then make application there for a permit to do your work and pay your fees.