

City of Jeffersontown
Department of Inspections & Code Enforcement
 10416 Watterson Trail
 Jeffersontown, KY 40299
 Telephone: 502-267-8333 Fax: 502-267-0547

SUPPRESSION PERMIT APPLICATION	
Permit #: _____	Building Permit #: _____

LOCATION:	
Property Owner: _____	Phone #: _____
Address: _____	City: _____ State: _____ ZIP: _____
CONTRACTOR:	
_____	Phone #: _____
KY License #: _____	Business License #: _____
Address: _____	City: _____ State: _____ ZIP: _____

SPRINKLER SYSTEMS / STANDPIPE SYSTEMS
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Standpipe System Only:	Yes / No	Standpipe with Sprinkler System:	Yes / No
Sprinkler System Only:	Yes / No	Total Number of Sprinklers:	
Static Pressure (PSI):		Residual Pressure (PSI):	
Water Flow (GPM):		Duration (hours):	
Date, Time, Location of Water Flow Test: _____			
Anticipated Water Flow Demand:		psi	gpm
Hazard Classification:	_____		
Occupancy Classification:	_____		
Specific Type of Suppression System:	_____		
NFPA Standard(s):	_____		

OTHER SUPPRESSION SYSTEMS

SYSTEM	NUMBER	SIZE OF AGENT
Carbon Dioxide:		lbs
Halon:		lbs
Dry Chemical:		lbs
Flammable Liquid/Pressurized Tanks:		gal
Foam Concentrate:		gal
Range Hood System:		

ESTIMATED COST: _____ PERMIT FEE: _____

I verify that the fire suppression design criteria is in accordance with all applicable codes and standards adopted by the Commonwealth of Kentucky and the City of Jeffersontown and that the water flow information noted above is true and accurate. I further acknowledge that I have review the anticipated water flow demand for this system and find the actual water flow & pressure adequate to serve this system.

Signature: _____	Date: _____
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