

APPLICATION FOR FIRE PROTECTION SYSTEM PERMIT
Office of the Fire Marshal

1. Form must be completed and attached to two sets of Plans/Specifications submittal.
2. This form and all requested information is required for a plan review to be initiated.
3. **Request will be returned without the exact property address and fee billing information.**
4. You will be billed for review fees and contacted by the Fire Marshals Office when review is complete for pick-up.
5. If plans/specifications information is insufficient and incomplete for review, the request will be rejected with a plans/specifications denied fee billed.
6. If the submitting and installing contractors do not have a business license with the Town of Ocean City, the review will be rejected.

REQUIRED INFORMATION

Date submitted: _____ Project Name: _____

Exact Project Address: _____

Person to be notified when review is completed.

Name: _____ Phone number: _____

Address: _____

Company with business license to be billed for review.

Name of licensed company: _____

Address: _____

Phone number: _____

Official Use Only Below

Application # _____ FM Assigned _____

Reviewed and Ready for Invoicing _____ Permitted and Billed _____

Applicant Signature for Permit Pick-up _____