



# Sedgwick County Fire District 1

Administrative Office: 7750 N. Wild West Dr. - Park City, KS 67147  
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*Sedgwick County...  
working for you*

## FIRE EXTINGUISHING SYSTEM INSTALLATION APPLICATION

Tenant/Business Name: \_\_\_\_\_

Job Site/ Property Address: \_\_\_\_\_ City: \_\_\_\_\_

Business Owner Name: \_\_\_\_\_

Installing Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of System: Cooking Hood System: \_\_\_\_\_ Spray Finishing System: \_\_\_\_\_

Installation Type: New: \_\_\_\_\_ Additional: \_\_\_\_\_ Retrofit: \_\_\_\_\_

Brand name / Model being installed: \_\_\_\_\_

Description of work to be done: \_\_\_\_\_

I hereby acknowledge that I have read this application and state that the above information is correct. I agree to comply with the Fire Code requirements adopted by Sedgwick County, the requirements contained in the National Fire Protection Association Standards and the manufactures recommended installation instructions. I understand that the Sedgwick County Fire Marshal's office must be contacted to schedule an acceptance test of all systems described above. I further understand that if a re-inspection test of the system is needed due to a failure of the initial test, a \$200 re-inspection fee may be assessed.

Installing Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Proposed Inspection Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Check No.: \_\_\_\_\_

Permit Fee Due: \$35.00 per system