



**Commercial Hood Suppression System Permit**

APPLICANT: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Job Site Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Contractor Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Georgia License # \_\_\_\_\_ Signature: \_\_\_\_\_  
Print: \_\_\_\_\_ Kitchen Cooking Equipment: \_\_\_ New \_\_\_ Existing \_\_\_ previously approved  
Kitchen Hood: \_\_\_ New \_\_\_ Existing \_\_\_ previously approved \_\_\_  
Hood Suppression System: \_\_\_ New \_\_\_ Replacing existing \_\_\_ previously approved hood suppression system  
Building Fire Alarm Present: \_\_\_ Yes \_\_\_ No **Permit Fee : ( \$100.00 )**  
  
Hood Type I or II \_\_\_\_\_ Manufacturer Name \_\_\_\_\_ Suppression System  
Manufacturer \_\_\_\_\_  
Describe Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total fee for permit \$ \_\_\_\_\_**

**Please attach a copy of Drivers License, Business License, and State License and plans with the permit.**

**A light test and a balloon test and the automatic shutdown shall be witnessed by the Fire Marshal or Fire Inspector before the system is placed in operation in the business.**

**If the hood or system fails any part of the inspection process a re-inspection fee of ( \$ 35.00 ) shall be applied to the next inspection**