

# FIRE PROTECTION SYSTEM WORK PERMIT APPLICATION

Created: March 1, 2009 Revised: November 16, 2016  
 From the Office of the Fire Prevention Bureau – Phone (515) 283-4240



**INSTRUCTIONS:** Please type or print clearly. Permit Application will not be processed if the form is not filled out completely and accurately, including a verified project address. All Fields are required. A form must be submitted with all project submittals and resubmittals. Final permit fee will be calculated and payment accepted upon acceptance of the project submittal. Required resubmittal of a project incurs a fee equal to ½ the permit fee. Installation of the system prior to receipt of the permit incurs a penalty equal to 2 times the permit fee, including resubmittal fee. Plans will be reviewed in the order they are received, expedited review is not available. Permits may be withheld on the basis of delinquent fees or submittals. Submittal status at [firepermits.dmgov.org](http://firepermits.dmgov.org)

**SUBMITTAL IS:** Ch \_\_\_\_\_

‡ \ kMS: Choose an item.

**HAS INSTALLATION STARTED:** YES  NO  **PROJECT/SYSTEM AREA:** \_\_\_\_\_ ft<sup>2</sup>

**SYSTEM TYPE:** FIRE ALARM  FIRE ALARM PANEL REPLACEMENT  AUTOMATIC SPRINKLER   
 LESS THAN 21 SPRINKLERS  FIRE PUMP  CLEAN AGENT SYSTEM   
 KITCHEN HOOD SYSTEM  FIRE COMMAND CENTER  STANDPIPE

**PROJECT ADDRESS:** \_\_\_\_\_ **Suite #:** \_\_\_\_\_

**SPECIFIC LOCATION DETAILS: FLOOR #:** \_\_\_\_\_ **DIRECTION:** NORTH  SOUTH  EAST  WEST

**PROJECT NAME:** \_\_\_\_\_

**DESCRIPTION OF WORK**

**PROJECT IFC/IBC OCCUPANCY CLASSIFICATION** (example S-2 Low Hazard Storage): Choose an item.

**TYPE OF DEVICES:** \_\_\_\_\_ **NUMBER OF DEVICES:** \_\_\_\_\_

**ADDITIONAL DETAILS:** \_\_\_\_\_

Complete the following applicant/designer/owner information. Utilize the check box to indicate payer.			
<b>Applicant Information</b>		<b>Owner Information</b>	
First Name _____	Last Name _____	First Name _____	Last Name _____
Company Name _____		Company Name _____	
Address _____		Address _____	
City _____	State _____	City _____	State _____
Zip+4 (9 digits) _____		Zip+4 (9 digits) _____	
Phone Number (w/area code) _____	Email Address _____	Phone Number (w/area code) _____	Email Address _____
<b>Designer Information</b>		<b>Designer or RME Permit and License Information</b>	
First Name _____	Last Name _____	LICENSE TYPE _____	
Company Name _____		STATE OF IOWA LICENSE _____	
Address _____		CITYOF DES MOINES PERMIT _____	
City _____	State _____	NICET _____	
Zip+4 (9 digits) _____		PE _____	
Phone Number (w/area code) _____	Email Address _____		

**SIGNATURE:** \_\_\_\_\_ **Application Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**For Internal Use Only**

**ADDRESS VERIFIED**  **FH OCC ID:** \_\_\_\_\_ **PERMIT #:** \_\_\_\_\_  
**NEW FH Occ ID REQ'D**  **NEW FH Occ ID Suite REQ'D**  **PROJECT SUBMITTAL DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_