



## COMMERCIAL FIRE SUPPRESSION APPLICATION

Crook County Community Development  
300 NE 3<sup>RD</sup> ST, RM #12, Prineville OR 97754  
Phone: (541) 447-3211 Fax: (541) 416-2139  
Email [bld@co.crook.or.us](mailto:bld@co.crook.or.us)

Date Received:

Initials:

Valuation: \$ \_\_\_\_\_ Building Permit # \_\_\_\_\_

Building Name: \_\_\_\_\_ Occupancy Type: \_\_\_\_\_ Construction Type: \_\_\_\_\_

### JOBSITE INFORMATION AND LOCATION

Job site address:	Property Owner:
City/State/ZIP:	Phone:
Suite/bldg./apt. no.:	E-mail:

### Installation

<input type="checkbox"/> Addition	<input type="checkbox"/> Repair	<input type="checkbox"/> New	<input type="checkbox"/> Partial
<input type="checkbox"/> Alteration	<input type="checkbox"/> Complete	<input type="checkbox"/> Remove	<input type="checkbox"/> Hood / Vent
<input type="checkbox"/> Spray Booth	<input type="checkbox"/> Other:		

### Sprinkler Type

<input type="checkbox"/> Wet	<input type="checkbox"/> Pre-action	<input type="checkbox"/> Anti-freeze	<input type="checkbox"/> Deluge
<input type="checkbox"/> Dry	<input type="checkbox"/> Other:		

### Supply

<input type="checkbox"/> Underground Piping	<input type="checkbox"/> Vault	<input type="checkbox"/> PIV	<input type="checkbox"/> Fire Pump
<input type="checkbox"/> FDC	<input type="checkbox"/> Check Valve	<input type="checkbox"/> Hydrants	<input type="checkbox"/> Back flow

### Standpipe

<input type="checkbox"/> Wet	<input type="checkbox"/> Dry	<input type="checkbox"/> Combination
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<input type="checkbox"/> Light Hazard <input type="checkbox"/> Ordinary Hazard <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Extra Hazard <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ESFR <input type="checkbox"/> ELO <input type="checkbox"/> High Piled Storage <input type="checkbox"/>		
Total Work Area: _____ sf	Total # of Heads: _____	Sprinkler Area: _____ sf
Building Size: _____ sf	Total # of Standpipes: _____	Orifice Size: _____ inches
# of Stories: _____	Density: _____ gpm/sf	"K" Factor _____
# of Systems: _____	Design Area: _____ sf	Temp Rating: _____ F

Description of Work: \_\_\_\_\_

### Installing Company Information

Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_, OR Zip: \_\_\_\_\_

Email: \_\_\_\_\_ CCB License #: \_\_\_\_\_

Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_