



Fire Sprinkler Application

Crook County Community Development

300 NE 3rd St. Room 12, Prineville, Or 97754

Ph 541-447-3211 Fax 541-416-2139

Email bld@co.crook.or.us

OFFICE USE ONLY		
Total Cost of Permit: \$ _____	Date: _____	Permit #: _____
Receipt #: _____	Reference #: _____	

**Plans must be submitted to the fire prevention division and approved before installation.
Plot plan showing location of nearest hydrant is required.**

Valuation: \$ _____

Building Name: _____ Occupied as: _____

Address: _____ City _____, OR, Zip _____

Suite # _____ Levels # _____ Building Permit # _____

Installation	Sprinkler	Sprinkler Type	Supply	Standpipe
Addition <input type="checkbox"/>	Complete <input type="checkbox"/>	Wet <input type="checkbox"/>	Underground Only <input type="checkbox"/>	Wet <input type="checkbox"/>
Alteration <input type="checkbox"/>	Partial <input type="checkbox"/>	Dry <input type="checkbox"/>	Sprinkler Only <input type="checkbox"/>	Dry <input type="checkbox"/>
New <input type="checkbox"/>	Basement <input type="checkbox"/>	Preaction <input type="checkbox"/>	Underground With Hydrants <input type="checkbox"/>	Combination <input type="checkbox"/>
Remove <input type="checkbox"/>	Exitway <input type="checkbox"/>	Deluge <input type="checkbox"/>	Sprinkler with Hydrants <input type="checkbox"/>	
Repair <input type="checkbox"/>	Hood/Vent <input type="checkbox"/>	Anti-freeze <input type="checkbox"/>		
	Spray Booth <input type="checkbox"/>			

This sprinkler system is: In Existing Building New Construction

Light Hazard Ordinary Hazard 1 2 Extra Hazard 1 2 ESFR ELO High Piled Storage

Total Work Area _____sf Total No. of Heads _____ Sprinkler Area _____sf
 Building Size _____sf No. of Standpipes _____ Orifice Size _____inches
 No. of Stories _____ Density _____gpm/sf "K" Factor _____
 No. of Systems _____ Design Area _____sf Temp. Rating _____F

Description of Work: _____

Installing Company Information

Applicant Name: _____
 Company Name: _____
 Address: _____
 City _____ State _____ Zip: _____
 Phone/Fax: _____
 Email: _____
 Mail Permit to: _____

Installer Certificate of Fitness Information

Same as Applicant Yes Cert #: _____
 No (complete information below)
 Name: _____
 Company Name: _____
 Cert #: _____
 Phone: _____

Applicant: _____
Name Signature Date

By: _____
Inspector Signature Date