



City of Boiling Spring Lakes  
Code Enforcement Department  
9 E. Boiling Spring Road  
Southport, NC 28461  
Phone 910-294-0996 / Fax 910-363-0029

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## Non-Residential Fire System/Inspection Application

Applicant: \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_ Fax# \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_

Contact Person \_\_\_\_\_ E-Mail \_\_\_\_\_

Business Name \_\_\_\_\_

Parcel # \_\_\_\_\_

Type of Inspection Requested: Fire Alarm \_\_\_\_\_ Sprinkler System \_\_\_\_\_

Mandatory Inspection \_\_\_\_\_ Plans Review \_\_\_\_\_

Have fire plans been submitted? \_\_\_\_\_ Date: \_\_\_\_\_ # of copies \_\_\_\_\_

Name of contractor performing work \_\_\_\_\_

Contact Phone # \_\_\_\_\_ License # \_\_\_\_\_

The undersigned hereby makes application for a permit and the inspection of all work described above and hereby agrees to comply with all the building regulations and other laws applicable to the use and type of the construction of the building referred herein.

Signature/Title: \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE ONLY

Approved by \_\_\_\_\_ Date \_\_\_\_\_ Fee \_\_\_\_\_ Permit# \_\_\_\_\_

\*\*\*Fee rates per city schedule\*\*\*