

Fairview Caseyville Township Fire Protection District
214 Ashland Avenue
Fairview Heights, IL 62208
618-233-2121

Hood Suppression Permit Application

Date of application: ___ / ___ / ___

Contractor Name: _____

Address: _____

City State: _____

Phone: ___ - ___ - ___

Fax: ___ / ___ / ___

The above listed application hereby makes application for:

The Hood Suppression fee covers plan review, 1) inspection trip during installation, and 1) Wet trip test. If a return trip is required for the wet trip test an additional \$ 25.00 fee will be required to be paid for each additional trip. This additional fee must be paid prior to Certificate of Occupancy Certificate being issued.

I have read the above and understand the fees and terms. The installation of this Hood suppression system shall meet or exceed the latest NFPA standards.

Applicant signature

date

ILL Lic. # _____

Check # _____

Please make all checks payable to Fairview Caseyville TWP FPD