

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:

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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