



Commercial Kitchen Fire Suppression System Permit

Permit Date: _____ Permit Number: JICKFSSP - _____

Property Owner / Buisness Name: _____

Properties Address: _____

Fire Extinguisher Company: _____

Contact Name and Number for Fire Extinguisher Company: _____

Fire Extinguisher Companys License Number: _____

Work to be performed: _____

Type of Hood System: _____

Shop Drawings: Approved ___ Denied: ___ Resubmittal: ___

I have read and understand the Jekyll Island Fire Prevention Ordinance, Article II Chapter 12, Section 12-27 False Alarm Ordinance, and will comply with said Ordinance. I further understand that I will be responsible for ensuring the alarm system is placed in test before performing any work or testing on this system.

Approved By: _____ Date: _____

A copy of the work order shall be sent to the Jekyll Island Fire Marshal's Office within 10 working days after work/inspection is performed.