



CITY OF FORT OGLETHORPE
BUILDING DEPARTMENT
**Commercial Hood Suppression
Permit Application**

Applicant Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Best time to contact you by phone: _____

Job site Business Name: _____

Job site address: _____

Contractor Name: _____

Contractor address: _____ **City:** _____

State: _____ **Zip:** _____ **Phone:** _____

Georgia License # : _____ **Email:** _____

Describe work: _____

Kitchen Cooking Equipment: _____ New _____ Existing previously approved equipment

Kitchen Hood: _____ New _____ Existing previously approved

Hood Suppression System: _____ New _____ Replacing existing previously approved hood suppression system

Building Fire Alarm present: _____ Yes _____ No

The Contractor is responsible for all work to be in compliance with the state codes and ordinances, whether or not any deficiency is found by the inspection department or known to exist by the inspection department.

I hereby authorized officials of the City of Fort Oglethorpe to enter premises for inspections. The granting of a permit does not give authority to violate laws or codes governing construction performance. I certify that all information herein is correct and true.

Signature: _____ **Date:** _____

Office Use:

Revised 8/15/23

Application received by: _____ Date: _____

Building Official approval & verified application completion: _____ **Date:** _____

Permit#: _____ Permit issued date: _____ Entered by: _____