

WILMINGTON FIRE DEPARTMENT FIRE PREVENTION DIVISION



IMPAIRMENT OF FIRE PROTECTION PERMIT (FILL OUT IN INK)

Permit Fee: \$50.00 (made payable to City of	Wilmington)
PERMIT NO	
	DATE
condition at all times, and it shall be unlawful charge of any fire protection system to redu impairment permit or approval. Permits or ap	d service equipment shall be maintained in an operative for any person owning, controlling or otherwise having ace the effectiveness of the system without the proper opprovals will not be required for temporary impairments provisions of the "FIRE PREVENTION CODE" shall be
COMPANY NAME	COMPANYADDRESS
CONTACT PERSON (Please Print)	CONTACT PERSON'S SIGNATURE
WORK PHONE	HOME PHONE
ADDRESS OF IMPAIRMENT (including city,	, state and zip code)
NATURE OF PLANNED IMPAIRMENT A	ND COMPENSATORY MEASURES TAKEN:
NATURE OF UNPLANNED IMPAIRMENT	F AND COMPENSATORY MEASURES TAKEN:

DATE OF OUT OF SERVICE:	TIME OUT OF SERVICE:
DATE BACK IN SERVICE:	TIME BACK IN SERVICE:
service, the person owning, controlling or othersponsible to provide compensatory measures level acceptable to the Fire Marshal. If acceptable	rment, which will render the system inoperable or out of herwise having charge of any fire protection system is capable of minimizing the effect of the impairment to a able compensatory measures cannot be provided, then the ortion of the occupancy vacated until the fire protection
	VED AND EXMAINED THIS APPLICATION AND THAT SIONS OF THE "FIRE PREVENTION CODE" OF THE
FIRE MARSHAL	DATE
OFFICE Inspector Assigned:Action Taken:	CIAL USE ONLY Date:
Follow-Up Inspection Date:	Referred To:
Inspector:	
Reviewed By:	