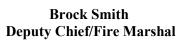


Joseph Hundley **Emergency Services Chief**





Business Name:		Communication Permit e Address:
	Phone:	
System Contractor:Address: Phone:		Address: Phone:
	Bldg Sq. Footage:_ E	mail:
		Address:
_	WS/FC Building Permit Number:	
		eets any of the following criteria:
	 Building is over 7500 Building has more tha Building has no winde Building is undergrou Building has a basement 	an one story above the grade plane. ows. and.
The following information	on must be submitted with or on the	he plans:
Manufacturer FCC License FCC BDA Cer Layout of Com	raining from the tification Number munication Equipment trength Evaluation	 Amplification System Configuration Signal Booster Location(s) Standby Power Configuration Occupancy Contact Name and Phone Number
-	on letter (Minus the approval signa ur ERRC System Letter to Design	atures from Forsyth County Interagency Staff). This ners
	Fee Se	chedule
The fee for suppression s	systems review is \$50.00.	
	Other In	formation
the review could take up to	two weeks to complete. The holder o	will be treated as a first submission. Depending on the workload, of this permit may contact the Fire Marshals Office at 336-703- internal review of permits, and the local appeals process.
Signature:		Date:
	Office Use (
Date Received	Plans Approved Y or N	Approved by:

Permit #_____ Date: ____ Fee: ___ Check #: ___ Credit Card ____ 5/23