



Sedgwick County Fire District 1

Administrative Office: 7750 N. Wild West Dr. - Park City, KS 67147
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*Sedgwick County...
working for you*

SPRAY FINISH SYSTEM INSTALLATION APPLICATION

Tenant/Business Name: _____

Job Site/ Property Address: _____ City: _____

Business Owner Name: _____ Phone: _____

Installing Contractor: _____ License #: _____

E-Mail: _____ Phone: _____

Installation Type: New: _ Additional: _ Retrofit: _

Brand name / Model being installed: _____

Description of work to be done: _____

I hereby acknowledge that I have read this application and state that the above information is correct. I agree to comply with the Fire Code requirements adopted by Sedgwick County, the requirements contained in the National Fire Protection Association Standards and the manufactures recommended installation instructions. I understand that I must contact the Sedgwick County Fire Department at least 2 working days in advance to schedule an acceptance test. I further understand that if a re-inspection test of the system is needed due to a failure of the initial test, a \$200 re-inspection fee may be assessed.

Installing Contractor Signature: _____ Date: _____

Received by: _____ Date: _____ Check No.: _____

Permit Fee Due: \$75.00 per system