

# Fire Suppression/Sprinkler Contractor Sign-Off

Columbus/Bartholomew County  
Department of Technical Code Enforcement  
440 Third Street Room 302, Columbus, Indiana 47201  
Office 812-379-1535; Fax 812-379-1765

Received by:	_____
Date Received:	_____
License Current:	yes    no
Permit #:	_____

I (We), \_\_\_\_\_, a professional and properly trained Fire Suppression/Sprinkler designer and installer (or design and installation Company) am/are installing a Fire Suppression/Sprinkler system at:

\_\_\_\_\_  
(Project Name)

\_\_\_\_\_  
(Address of project)

I (We) accept responsibility and liability for the work being performed and will insure that all Fire suppression/sprinkler design, installation, testing and maintenance will conform to the adopted Indiana Building Code, Indiana Fire Code, NFPA 13 and/or NFPA 13R and any other applicable codes or regulations.

I am a duly authorized representative of \_\_\_\_\_.

COMPANY NAME

\_\_\_\_\_  
REPRESENTATIVE'S ORIGINAL SIGNATURE

\_\_\_\_\_  
DATE