



Application  
**Installation or Modification of  
Special Hazard System**

Date: \_\_\_\_\_

Please type or print

Applicant NAME: \_\_\_\_\_

Applicant ADDRESS: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

EMAIL: \_\_\_\_\_

\*\*Approved Applications will be emailed.

**Fee:**  
**Installation or modification \$100**

**Requirements & Certifications:**

- CURRENT FACTORY TRAINING
- SUBMIT PROOF OF ENGINEERED DESIGNED.
- **Must comply with all appropriate NFPA standards.**

System Installer's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Suppression System Installer's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Job site address: \_\_\_\_\_ BUSINESS NAME: \_\_\_\_\_

**Required Inspections:**

1. Applicant will be notified of required inspections upon approval of the permit application. Inspections will be based upon the specific system being installed.

Completed Applications can be emailed to [fireprevention@pocatello.us](mailto:fireprevention@pocatello.us) and you can pay with credit card (additional 3% transaction fee) over the phone at 208-234-6201 or Bring/Mail to: Pocatello Fire Department 408 E. Whitman

RECEIPT # \_\_\_\_\_

APPLICATION REVIEWED BY: \_\_\_\_\_

**\*COMPLETE APPLICATION SHALL BE GIVEN TO FIRE  
PREVENTION FOR APPROVAL.**

(revised 07/20)