



# BARTOW COUNTY Steve Taylor, Sole Commissioner

Local Fire Marshal's Office  
Bryan Cox, Fire Marshal  
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Cartersville, GA 30121  
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Building Inspections Dept.  
Tony Tidwell, Building Official  
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Cartersville, GA 30120  
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## FIRE MARSHAL INSPECTION APPLICATION FOR BUSINESS LICENSE

- **(IF CHANGES ARE BEING MADE TO THE STRUCTURE TO ACCOMADATE THE NEW BUSINESS, THEN A BUILDING PERMIT MAY BE REQUIRED, ALONG WITH PLAN SUBMITTAL.) 3 Complete sets of plans(\*) and 1 CD (PDF Format)** must be submitted along with this form. However, 1 project manual and specifications may need to be submitted. Plans will only be accepted when this completed form, the appropriate # of plans, a CD, and a check for the correct amount have been submitted. Plans are accepted Monday through Friday from 9:00 a.m. to 4:00 p.m. Plans need to be submitted to the Building Inspections Department and when notified, can be picked up from them as well. Please allow 2 to 6 weeks for plans to be reviewed. (\* See Building Inspections Handout for Plan Design Requirements\*)

I. Name of Business \_\_\_\_\_  
 Owner of Business \_\_\_\_\_ Phone # \_\_\_\_\_  
 Physical Address \_\_\_\_\_  
 Mailing Address (if diff from physical) \_\_\_\_\_  
 Parcel ID # \_\_\_\_\_ Incorporate / Non Incorporated

\*If leasing the building / suite, complete:

Facility Owner \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

\*If making structural changes to building / suite, complete:

General Contractor \_\_\_\_\_ St Lic. # \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Fire Alarm Contractor \_\_\_\_\_ St Lic # \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Engineer \_\_\_\_\_ St Lic # \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Architect \_\_\_\_\_ St Lic # \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

**II. Type of Occupancy:** (Mark "x" at all that apply for mixed use) NFPA 101

EDUCATION \_\_\_\_\_ ROOMING HOUSE \_\_\_\_\_ STORAGE \_\_\_\_\_  
MERCANTILE \_\_\_\_\_ APARTMENT BLDG \_\_\_\_\_ INDUSTRIAL \_\_\_\_\_  
BUSINESS \_\_\_\_\_ HOTEL/DORMITORY \_\_\_\_\_ DAY CARE \_\_\_\_\_  
HEALTH CARE \_\_\_\_\_ BOARDING HOUSE \_\_\_\_\_ TENT \_\_\_\_\_  
AMBULATORY HEALTHCARE \_\_\_\_\_ DENTENTION/CORRECTIONS \_\_\_\_\_  
RESIDENTIAL BOARD & CARE \_\_\_\_\_ SPECIAL STRUCTURE(SPECIFY) \_\_\_\_\_  
PLACE OF ASSEMBLY \_\_\_\_\_

If Assembly specify approximate occupant load: \_\_\_\_\_

For restaurants with occupant load <50 use mercantile;

Class A > 1000      Class B 301-1000      Class C 50-300

Is this a change of occupancy? \_\_\_\_\_ Yes \_\_\_\_\_ No

**III. Type of Work Being Proposed:** (If construction will be done, Mark "x" at all that apply)

NEW BUILDING \_\_\_\_\_ Sq. Ft. Per Floor \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_  
ADDITION \_\_\_\_\_ Sq. Ft. Per Floor \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_  
RENOVATION \_\_\_\_\_ Sq. Ft. Per Floor \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_  
OTHER: (ex: open pit burn, fireworks display, fireworks sales tent display, NFPA 96  
Hood Vent, above ground fuel tanks 600 gallon or less)

Scope of work being performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. Building Construction Classification:** (See Definitions in NFPA 220)

NFPA 220 Type:

TYPE I (Fire Resistive) I (443) \_\_\_\_\_ I (332) \_\_\_\_\_

TYPE II (non-combustible or limited combustible) II (222) \_\_\_\_\_ II (111) \_\_\_\_\_  
II (000) \_\_\_\_\_

TYPE III (ordinary construction) III (211) \_\_\_\_\_ II (200) \_\_\_\_\_

TYPE IV (heavy timber) IV (2HH) \_\_\_\_\_

TYPE V (wood frame) V (111) \_\_\_\_\_ V (000) \_\_\_\_\_

\*If unknown, write in IBC (International Building Code) construction classification \_\_\_\_\_

No. of stories \_\_\_\_\_

**V. Fire Protection Information:** (currently in place)

Sprinkler System: Full \_\_\_\_\_ Partial \_\_\_\_\_ Wet \_\_\_\_\_ Dry \_\_\_\_\_ Other \_\_\_\_\_ None \_\_\_\_\_

Standpipe System: Full \_\_\_\_\_ Partial \_\_\_\_\_

Fire Alarm System: Local \_\_\_\_\_ Municipality Connected \_\_\_\_\_ Box # \_\_\_\_\_

High Rise \_\_\_\_\_ Box # \_\_\_\_\_

**Fire Protection Information:** (proposed)

Sprinkler System: Full \_\_\_\_\_ Partial \_\_\_\_\_ Wet \_\_\_\_\_ Dry \_\_\_\_\_ Other \_\_\_\_\_ None \_\_\_\_\_

Standpipe System: Full \_\_\_\_\_ Partial \_\_\_\_\_

Fire Alarm System: Local \_\_\_\_\_ Municipality Connected \_\_\_\_\_ Box # \_\_\_\_\_

High Rise \_\_\_\_\_ Box # \_\_\_\_\_

**VI. Other Information (If construction will be done):**

Estimated cost of construction including MEP's \_\_\_\_\_

Estimated value of existing building \_\_\_\_\_

Type of heating and / or air conditioning Electric \_\_\_\_\_ Gas \_\_\_\_\_ Oil \_\_\_\_\_

I hereby certify that I have the authority to make the foregoing application, that the application is correct and that the owner of this building and the undersigned agree to comply with applicable fire codes of the State of Georgia and the applicable building codes of the State of Georgia and the Bartow County Building Ordinances.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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