

Office of Buildings 55 Trinity Avenue, Suite 3800 Atlanta, Georgia 30303 Tel: 404.865.8400

SYSTEM CERTIFICATION FORM

Please Note

This form is the final site visit form required by the State of Georgia and must be filled out completely and signed by the Certificate of Competency Holder. It shall be given to the City of Atlanta Fire Life Safety Inspector at the final inspection of the work covered under the Fire Sprinkler Permit.

Sprinkler Permit Number		BP – 20		
Building Permit Number		BB - 20		
Facility Name				
Project Name				
Job Address				
Sprinkler Contra	ctor In	formation		
Sprinkler Contractor's Name (Print)				
Certificate of Comp	etency'	s Name (Print)		
Certificate of Competency's State Licens				
Owner/Owner's	Repres	entative/Genera	al Contractor/Contra	actor's Representative
Name (Print)				
Company Name (P	rint)			
Signature: Date:				re:
Types of System(s)	(Wet, D	ory, etc.):		
NPFA Standard that	System	ı(s) was designed	by:	
installation meet	s or ex ations 1	ceeds all require	e of Competency Holements of the Safety all only be signed by	Fire Commissioner's
· · ·				
Certificate of Compet	ency Hol	der's Signature		Date

System Certification Form. 4/19