KNOX COUNTY FIRE PREVENTION BUREAU FIRESTOP SYSTEM CERTIFICATE OF COMPLETION



PROJECT NAME:

ADDRESS:

PERMIT NUMBER:

DATE:

GENERAL CONTRACTOR:

LISTED AND TESTED FIRE STOP SYSTEMS SPECIFIED FOR THIS PRODUCT

ELECTRICAL	PLUMBING	SPRINKLER	MECHANICAL	ALARM	CONSTRUCTION
				SYSTEM	GAP/JOINTS
		CONTRACTO	R CERTIFICATION		

I HEREBY CERTIFY THAT THE MATERIALS AND METHODS SPECIFIED BY THE AFOREMENTIONED LISTED AND TESTED FIRESTOP SYSTEM DESIGNS WERE USED FOR ALL TRADE RELATED FIRESTOP SYSTEMS AT THIS PROJECT. ANY FIRESTOP SYSTEM CHANGES REQUIRE A REVISION TO THIS FORM TO BE SUBMITTED.

ELECTRICAL	PLUMBING	SPRINKLER	MECHANICAL	ALARM SYSTEM	CONSTRUCTION GAP/JOINTS
Company Name					
Responsible Person (print)					
Signature	Signature	Signature	Signature	Signature	Signature
Date	Date	Date	Date	Date	Date