



# HAWAII FIRE DEPARTMENT

## FIRE PREVENTION BRANCH

HILO: 25 Aupuni St. Suite 2501, Hilo, HI 96720 (808) 932-2911

KONA: 74-5044 Ane Keohokalole Hwy, Bldg E. Kailua-Kona, HI 96740 (808) 323-4760

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

Payment Amount: \$200.00 \_\_\_\_\_

Received By: \_\_\_\_\_

Permit Number: \_\_\_\_\_  
For Fire Department Use Only

### FLAMMABLE FINISHES PERMIT APPLICATION

Completed application shall be submitted with payment to the Hilo or Kona fire prevention office. Payment may be cash or check. Checks shall be made out to 'County Director of Finance'.

(To be completed by applicant)

Business Name: \_\_\_\_\_ TMK: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address for Permit: \_\_\_\_\_

(To be completed by HFD)

#### INSPECTION

Inspection Type:  Initial  Annual Over spray confined to Booth/Room  Yes  No

Spray Booth/Room separated by 3' clearance or partitions of 1 hr construction (Sec. 43.1.3.3)  Yes  No

Open flame or spark producing devices are not used in spray areas (Sec. 43.1.4.1.5)  Yes  No

Smoking is prohibited and "No Smoking" signs are conspicuously posted.  Yes  No

Approved waste collection cans are supplied for spray impregnated rags  Yes  No  N/A

Mechanical ventilation satisfactory  Yes  No Filters Clean  Yes  No

Exhaust ducts vent to exterior  Yes  No

Electrical wiring approved for spray finishing applications  Yes  No

Exit(s) Satisfactory  Yes  No Emergency Lighting Satisfactory  Yes  No  N/A

Minimum 4A:40BC Extinguisher Within 30' of spray finishing application  Yes  No

Date Portable Fire Extinguishers Inspected: \_\_\_\_\_ Inspected by: \_\_\_\_\_

Spray Booth/Room protected by an approved automatic fire extinguishing system  Yes  No

Automatic sprinkler heads are protected from overspray  Yes  No  N/A

Fire Sprinkler System Satisfactory  Yes  No Date Fire Sprinklers Inspected: \_\_\_\_\_

Inspected By: \_\_\_\_\_ Documentation maintained on site  Yes  No

Comments: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

INSPECTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_