



APPLICATION FOR FIRE SUPPRESSION

Date Received Stamp

Building Code Stamp

Location of Proposed Work or Improvement:

Permit No. _____

Site Address: _____

Tax Parcel No: _____ Zoning District: _____

Building Name: _____ Use Group: _____

Location of Work: _____ Is the Building Sprinklered Throughout? _____

Hazard Group: _____

Owner: _____

Mailing Address: _____

Phone No: _____ Email Address: _____

Principal Contractor: _____

Mailing Address: _____

Phone No: _____ Email Address: _____

Description of Work:

Estimated Cost of Work: _____

Type of System	
<input type="checkbox"/>	Wet System
<input type="checkbox"/>	Dry System
<input type="checkbox"/>	Limited Area
<input type="checkbox"/>	Clean Agent
<input type="checkbox"/>	Commercial Cooking Hood Suppression System

System Components	Size
Standpipes/Risers	
Firehose Connection	Pgh 6
Firepump	
Fire Dept. Connections	2 – 2 1/2
Underground Fire Main	

System Design		
	Yes	No
Hydraulically Calculated		
Pipe Scheduled		
Tied into Fire Alarm		

Type & Number of Heads		
	New	Relocated
Upright		
Pendant		
Sidewall		

Signature: _____ **Print:** _____ **Date:** _____