



PELHAM FIRE DEPARTMENT
P. O. Box 321
Pelham, NH 03076

James F. Midgley
Fire Chief

Fire Sprinkler Permit Application

Permit Fee: \$50.00

Business/Location Name:
Street Address:
Property Owner/Rep Name:
Occupancy Classification(s): <input type="checkbox"/> Assembly <input type="checkbox"/> Business <input type="checkbox"/> Educational <input type="checkbox"/> Mercantile <input type="checkbox"/> Hazardous
<input type="checkbox"/> Factory Industrial <input type="checkbox"/> Storage <input type="checkbox"/> Residential <input type="checkbox"/> Institutional

Installation Contractor

Contract Company:	Address:
Contact Person Name:	Contact Phone:
Contact Fax:	Contact E-mail:

Fire Sprinkler System Details

Installation: <input type="checkbox"/> New Construction <input type="checkbox"/> Renovation/Remodel <input type="checkbox"/> Change of Hazard Class
System Type(s): <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Pre-Action <input type="checkbox"/> Deluge <input type="checkbox"/> Anti-Freeze <input type="checkbox"/> Other:
Design per NFPA: <input type="checkbox"/> 13 <input type="checkbox"/> 13R <input type="checkbox"/> 13D Coverage: <input type="checkbox"/> Full Coverage <input type="checkbox"/> Other:
Hazard(s): <input type="checkbox"/> Light Hazard <input type="checkbox"/> Ordinary 1 <input type="checkbox"/> Ordinary 2 <input type="checkbox"/> Extra 1 <input type="checkbox"/> Extra 2 <input type="checkbox"/> Special
Standpipes: <input type="checkbox"/> None <input type="checkbox"/> Auto Wet <input type="checkbox"/> Manual Wet <input type="checkbox"/> Auto Dry <input type="checkbox"/> Manual Dry
Other: <input type="checkbox"/> High Piled/Rack Storage <input type="checkbox"/> Room Design Method Applied <input type="checkbox"/> Original System per Pipe Schedule Design

I hereby make application for permit to perform the work described herein, and if permit is granted, I agree to conform to all review comments, applicable Local, State, National Fire Protection Association (NFPA), and International Code Council (ICC) and applicable requirements set forth by the Pelham Fire Dept., whether specified herein or not, and in accordance with all plans submitted. I certify that the information given is true and accurate:

Print Name

Signature

Date

Emergency: (603) 635-2421

Business: (603) 635-2703

Fax: (603) 635-6970

Rough Inspection Date: _____

Fire Inspector Signature: _____

Reinspection Date @ \$25.00 / ea: _____

Certificate of Completion Required at time of Final Inspection

Final Inspection Date: _____

Fire Inspector Signature: _____

Reinspection Date @ \$25.00 / ea: _____

SAMPLE