



Hartford Fire Department

Fire Prevention Division

812 VA Cutoff Rd., White River Jct., VT 05001

Office: 802-295-3232 Fax: 802-295-5143

FIRE SUPPRESSION PERMIT APPLICATION

Have you consulted with a Fire Marshal regarding this project? **No:**

Yes/Name:

All sections are required to be filled out completely and shall be typed or printed legibly

Section A - Building Location and Ownership Information

Building Name or Site Name:

Building Address:

911 Number / Street

City

State

Zip

Building Owner:

Address:

Mailing Address

City

State

Zip

Phone:

Email:

Section B - Applicant Information

Company:

Contact Person:

Address:

Mailing Address

City

State

Zip

Phone:

Email:

Section C - Fire Suppression System

Complete for all fire suppression system installations or alterations to existing systems.

Name of Installer:

VT TQP Certification #:

Installer's Email:

Agent Type: Wet Chemical Dry Chemical

Clean Agent (specify type)

Other:

System Make:

System Model:

This application must be accompanied by the following:

Drawing of coverage area including equipment and device locations

Manufacturer's specifications and information

Calculations for concentration of clean agents

This section for office use only

Site # Received date Reviewer

Check from Check # Amount Approval date

Section D - Description / Scope of work

Please provide a description of the work being performed. Attach additional pages as necessary.

Section E - Project Valuation and Fee Calculations

The permit fee is based on the total valuation of the tank installation for which the permit is being obtained. For projects involving volunteer labor and donated material, the valuation of construction work is based on the value of the volunteer labor as well as the donated materials when calculating the permit fee.

	Tank Installation	\$
	Design Services	\$
	TOTAL PROJECT VALUATION	\$
Fee is \$8.00 per \$1000 of total project valuation. Calculate fee by multiplying		0.00800
TOTAL PROJECT VALUATION BY 0.00800		
<u>There is a \$50 Minimum Fee</u> This line is for the fee as calculated or \$50 whichever is greater.		\$

*** Please make all checks payable to the **Hartford Fire Department** ***

Section F - Project Specific Details

All shop drawings should be drawn on sheets of uniform size and at a minimum should include the following information from the applicable NFPA Standard: (check all boxes that apply)

- NFPA 17 Section 10.2
- NFPA 17A Section 6.2
- NFPA 2001 Section 5.1.2
- Other NFPA Standard

Project State Date:

Project Completion Date:

General Information

I hereby attest by my signature under 13 V.S.A. 3016 (filing a FALSE CLAIM with a department or agency of the state) that the information contained within this form is correct and accurate to the best of my

Signature of Applicant

Date

RETURN THIS FORM AND PAYMENT TO:

Hartford Fire Department - 812 VA Cutoff Rd., White River Jct., VT 05001