## APPLICATION FOR FIRE PERMIT

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Municipality	County	Tax Par	cel	
Construction Site Address			_ Date Received _	
Permit Applicant:		Owner		
Address:	1	Address		Phone#
Telephone:		State	Zip	Phone#
Email:		Describe	e proposed work in	detail
			Propose week	
		<del></del>		
Signature Owner  Authourized Ag	gent ⊔			
Date:				
Applicant certifies that the information contain Constain Construction Code and all other federal, state,	ned herein is true and	correct and	l that the applicant w	ill comply with the PA Uniform
	•			
State Classification: New Commercial	Other Commercia	<u> </u>	New Residential	Other Residential
FIRE PROTECTION PERMIT #				
Contractor(if owner, put same name above				
(if owner, put same name above	) 			
Address State				
Phone Cell				
Fed Employee No.				
(Certificate of Insurance for Workers Compensation	needed or			
signed exemption form)				
Estimate of total costs for all work				
Technical Site Data:				
Water Supply Source Method of Alarm/Supr. Sys Supervised				
Storage Tanks:	.,, ,, ,,			
Type - ( ) Flammable Liquid ( ) Combusti ( ) LPG ( ) LNG Capacity				
Alarm Systems () 110V Interconnected				
( ) System				
No. ITEM				
Alarm devices (smoke, heat, pu	ılls, waterflow)			
Supervisory devices (tampers,				
Signaling devices (horns/strobe	es, bells)			
Fire pump GPM Type				
Dry pipe/Alarm valves				
Sprinkler heads (dry & wet)				
Standpipes Wet chemical or Dry chemical				
	n suppression			
Others:				
Estimate of total costs for all work				
Downit Issued to:				
Permit Issued to: PERMIT HOLDER				
Date Issued:				
R(	CO No			
Building Code Official				
BUILDING CODE OFFICIAL US				
Plans Approved Plans Approved with 0 UCC Fire Protection Fee:	Comments			
Plan Review Fee:				
Scan Fee:				
Admin. Fee:				
State Fee:				COPYRIGHTED
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