

APPLICATION FOR FIRE PROTECTION SYSTEM PERMIT

All work done under this permit must comply with the State of Connecticut Building Code effective October 1, 2016
As Amended

TOWN OF AVON

Tel. (860) 409-4316 • Fax (860) 409-4321
60 West Main Street • Avon, Connecticut 06001-3743

PERMIT NO. _____

LOCATION OF JOB (NO. & STREET)	FILE No.	GIS No.	CONST. TYPE	USE GROUP	OCCUPANCY	HAZ. CONT.	
TITLE		ADDRESS (No. Street - Town - State - Zip)			TEL	FAX	PAGER
OWNER							
TENANT							
APPLICANT							
SPRINKLER CONTRACTOR	LICENSE #						
ENGINEER	LICENSE #						
LAYOUT TECHNICIAN	LICENSE #						
CONTACT PERSON							

PROJECT TYPE			PERMIT FEE
<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR/REPLACE	Story _____ Gross Sq. Ft. _____ Use _____ Occ. _____ Occ. Load _____ Total Building Height _____ ft.	Estimated Value _____ Fee _____ Paid In Permit No. _____	

SUPERVISORY/MONITORY STATION (72)	STAND PIPE AND HOSE SYSTEM (14)	FIRE ALARM AND DETECTION SYSTEM (72)
Central _____ Remote _____ Proprietary _____ Constantly Attended _____ Supervisory Service _____ Lock Open Valves Yes [] No []	INDICATE MONITORING STATION BUILDING SPRINKLERED YES [] NO [] SYSTEM CLASS I [] II [] III [] TYPE - AUTOMATIC - DRY [] WET [] MANUAL - DRY [] WET [] SEMIAUTOMATIC - DRY [] WET [] SUPERVISED WATER SUPPLY VALVES YES [] NO []	INDICATE MONITORING STATION FIRE DETECTION SYSTEM AUTOMATIC YES [] NO [] MANUAL YES [] NO [] ALARM INITIATION SMOKE [] HEAT [] MANUAL [] SPRINKLER WATER FLOW [] PRESIGNAL _____ OTHER _____ ALARM NOTIFICATION AUDIBLE [] VISUAL [] TACTIAL [] VOICE ALARM [] ALARM VERIFICATION YES [] NO [] TROUBLE SIGNALING YES [] NO [] ANNUNCIATOR YES [] NO [] FIRE DEPT. COMMUNICATION YES [] NO []

WATER BASED FIRE EXTINGUISHING SYSTEM	PORTABLE FIRE EXTINGUISHER (10) []	
DESIGN CRITERIA WATER SUPPLY _____ WATER WORKS [] PRESSURE _____ FIRE PUMP [] STATIC _____ PRESSURE TANK [] RESIDUAL _____ SECONDARY [] G.P.M. _____ FIRE DEPT. HOSE CONNECTION 5" STORTZ w/CAP PIPE SCHEDULE [] HYDRAULIC [] SYSTEM DEMAND AT BASE OF RISER/STAND PIPE _____	CLASS _____ NUMBER _____ _____ _____	

AUTOMATIC SPRINKLER SYSTEM	NON-WATER BASED FIRE EXTINGUISHING SYSTEM	CHEMICAL SYSTEM
N.F.P.A. 13 [] 13R [] 13D [] 15 [] Limited [] INDICATE MONITORING STATION SPECIAL SPRINKLER PROVISIONS Preaction [] Deluge [] AIR PRESSURE DEVICES YES [] NO [] SUPERVISED Water Supply Valves YES [] NO [] Water Flow Switches YES [] NO [] SPRINKLER ALARM Interior [] Exterior [] Fire Alarm [] ALARM: AUDIBLE [] VISUAL [] SPECIAL HAZARDS YES [] NO []	INDICATE MONITORING STATION COMMERCIAL KITCHEN HOOD AND DUCT TYPE I [] TYPE II [] ACTUATION - AUTOMATIC [] MANUAL [] AUTOMATIC EQUIPMENT INTERLOCK YES [] NO [] ALARM YES [] NO [] AUDIBLE [] VISUAL [] DISCHARGE WARNING SIGNS YES [] NO [] MONITORED BY BLDG. FIRE ALARM YES [] NO [] SUPERVISORY SIGNAL YES [] NO []	WET (17A) [] DRY (17) [] FOAM SYSTEM (11, 11A, 16) [] CARBON DIOXIDE (12) [] HALOGENATED (12A) [] CLEAN AGENT [] OTHER _____ ACTUATION AUTOMATIC [] MANUAL [] SPECIAL HAZARDS YES [] NO []

		DESCRIPTION OF WORK/COMMENTS
SIEMIC YES NO BRACING <input type="checkbox"/> <input type="checkbox"/> BACK FLOW PREVENTER <input type="checkbox"/> <input type="checkbox"/> REDUCED PRESSURE <input type="checkbox"/> <input type="checkbox"/>		

All work covered by this application has been authorized by the owner of this property or an authorized agent and will be done in compliance with all local, state and federal regulations. This permit shall lapse if work does not commence within 6 months. _____ Property Owner Signature _____ Date _____ _____ Agent Signature _____ Date _____	WATER CO. APPROVAL Plan Reviewed By _____ Date _____ APPROVAL CONSTITUTES ISSUANCE OF THIS FIRE PROTECTION SYSTEM PERMIT <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED _____ Building Official _____ Date _____
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