

Applicant's EMAIL Address:

Town of Newtown Building Department Fire Protection Permit Application

Please Complete Application in its Entirety

Job Site Address:	Main Permit #:
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Owner (First & Last Name):		Phone Number:
Address:		
Town/City:	State:	Zip:

Contractor Company Name:		
Print Name of License Holder:		
Address:		Phone Number:
Town/City:	State:	Zip:

Class:	License Number:	Exp. Date:			
Is this a required system?			Fire Marshal Approval:		
Contents of building			Occupancy Classification		
TYPE OF SYSTEM: (PLEASE CIRCLE ALL THAT APPLY)					
NFPA 13	NFPA 13 D	NFPA 13 R	Limited Area	Water Spray Fixed System	Carbon Dioxide System
Dry Chemical System		Foam Extinguishing Hood System		Clean Agent System	Wet Chemical Range Hood System

PLEASE INDICATE WHICH SYSTEMS ARE PART OF THIS APPLICATION: (PLEASE CIRCLE ALL THAT APPLY)					
FIRE ALARM SYSETM		FIRE DETECTION SYSTEM		STANDPIPE SYSTEM	
SINGLE AND MULTIPLE STATION SMOKE DETECTORS				FIRE EXTINGUISHERS	
TOTAL NUMBER OF HEADS		FLOW RATE AVAILABLE		FLOW RATE REQUIRED	

Description of Work

Estimated Cost:

Signature	Date
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For Office Use Only		
Receipt Number:	Permit No.:	Date Issued:
Map:	Block:	Lot: