

**Town of Newtown Building Department
Fire Protection Application**

Address of Jobsite

Email Address:

Owner (First & Last Name)

Address

Phone Number

Town/City

State

Zip

Contractor Company Name

Print Name of License Holder

Address

Phone Number

Town/City

State

Zip

Class

License Number

Expiration Date

Is This a Required System?

Fire Marshal signature required

Contents of Building

Occupancy Classification

Type of System

NFPA 13	NFPA 13 D	NFPA 13 R	Limited Area	Water Spray Fixed System	
Carbon Dioxide System		Dry Chemical System		Foam Extinguishing System	Halogenated System
Clean Agent System		Wet Chemical Range Hood System			

Please Indicate Which Systems are part of this Application

FIRE ALARM SYSTEM	Yes	No	FIRE DETECTION SYSTEM	Yes	No	STANDPIPE SYSTEM	Yes	No		
SINGLE AND MULTIPLE STATION SMOKE DETECTORS			Yes	No	FIRE EXTINGUISHERS				Yes	No
TOTAL NUMBER OF HEADS										
FLOW RATE AVAILABLE						FLOW RATE REQUIRED				

Please Describe scope and nature of work

NOTE: 3 sets of plans need to be submitted. 2 sets to Building Dept and 1 set to Fire Marshal

Est Cost

Signature

Date

For Office Use Only

Receipt Number			Permit Number			Date Issued		
Map		Block		Lot No.				