Claremont Fire Department
Fire Prevention Office
Captain Bryan Burr
100 Broad Street
Claremont, New Hampshire 03743
Ph: (603) 542-7012
Fax: (603) 542-7028
Email: cfdcode@claremontnh.com

Appendix E Application for Sprinkler System

Property Address: _____

Fire Dept. Use ONLY
Date Received_____
ID#_____
Date Reviewed_____
Date Approved_____
Check Received_____

Owner's Name: _____

Address: _____

Bus Phone: _____ Cell Phone: _____

Email: _____

Installer's Name: _____

Installer's Company: _____

Address: _____

Installer's business phone: _____Cell Phone: _____

Designer's Name: _____

Address: _____

Designer's Bus. Phone: _____Designer's Cell Phone: _____

Email: _____

NICET Certification No.: _____

Plumbing Permit No.: _____Date: _____

Type of Building: _____Type of Occupancy: _____

Number of Stories (including basement): _____Total Floor Area: _____

Manufacturer of Equipment: _____

No. of Valves: _____Post Indicating Valve: _____

No. of Flow Alarm: _____Wall Post Indicating Valve: _____

No. of Heads and Temperature: _____ Tamper Switch: _____

Name of Fire Alarm Installer: _____

Type of Connection to Fire Department Headquarters: _____

Provide the following with this application:

_____ Equipment Cut Sheets _____ One Line Riser Diagram Showing Proposed Zoning

_____ Plot Plans

_____ Floor Plans

_____ $50 fee per submittal

_____ Standpipe Calculation

_____ Sprinkler Hydraulic Calculation

Equipment must be installed in accordance with NFPA and the Claremont Fire Department Rules and Regulations governing sprinkler systems and manufacturer's installation instructions.

Applicant is hereby made for approval for the installation of sprinkler system.

_____ _____

Signature of Owner or Applicant Date

NOTE: Upon receipt of application, properly executed, applicant will be advised as to the submittal of additional information and date required, such as detailed description, drawings, photographs, or laboratory test reports·