



Claremont Fire Department
 Fire Prevention Office
 100 Broad Street
 Claremont, New Hampshire 03743
 Ph: (603) 542-7012
 Fax: (603) 542-7028
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Appendix E Application for Sprinkler System

Property Address: _____

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: _____

Fire Dept. Use ONLY	
Date Received	_____
ID#	_____
Date Reviewed	_____
Date Approved	_____
Check Received	_____

Provide the following with this application:

- | | |
|------------------------------|--|
| _____ Equipment Cut Sheets | _____ One Line Riser Diagram Showing Proposed Zoning |
| _____ Plot Plans | _____ Standpipe Calculation |
| _____ Floor Plans | _____ Sprinkler Hydraulic Calculation |
| _____ \$75 fee per submittal | |

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.