



Claremont Fire Department  
 Fire Prevention Office  
 100 Broad Street  
 Claremont, New Hampshire 03743  
 Ph: (603) 542-7012  
 Fax: (603) 542-7028  
 Email: [cfrcode@claremonthnh.com](mailto:cfrcode@claremonthnh.com)

## 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.