



Claremont Fire Department
Fire Prevention Office
100 Broad Street
Claremont, New Hampshire 03743
Ph: (603) 542-7012
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Appendix H Application for Fire Suppression/Clean Agent Systems

Property Address: _____

Project Name and/or Building No.: _____

Owner's Name: _____

Address: _____

Email: _____

Phone(s): _____

Installer's Name: _____

Company: _____

Address: _____

Phone(s): _____

Designer's Name: _____

Address: _____

Email: _____

Phone(s): _____

Fire Dept. Use ONLY

Date Received _____

Application # _____

Date Reviewed _____

Date Approved _____

Check Received _____

Fire Alarm Permit #: _____ Electrical Permit #: _____ Mechanical Permit #: _____

Type of Building: _____ Type of Occupancy: _____

Manufacturer of Equipment: _____

Method of Suppression: _____ Wet Chemical _____ Dry Chemical _____ Clean Agent

Type of Detection/Activation: _____

Number of Tanks: _____ Number of Nozzles: _____

Number of Appliances Covered: _____ Number of Links and Temp: _____

Utility Shut Down: _____ Air Handling Shut Down: _____

Sprinkler System Modifications: _____

Type of Connection to Fire Department Headquarters: _____

Provide the following with this application:

_____ Plot Plans

_____ Floor Plans

_____ Equipment Cut Sheets/Installation Manual

_____ \$75 submittal fee

Equipment must be installed in accordance with NFPA and the Claremont Fire Department Rules and Regulations governing Fire Suppression Systems/Clean Agent Systems and manufacturer's installation instructions. Permits and inspections shall be required for all new installations and to any work or modification to existing fire suppression/clean agent systems.

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.