



# Upper Southampton Township

Department of Licenses and Inspections

939 Street Road, Southampton, Pa 18966 Phone: 215-322-9700 Fax: 215-322-5842

## APPLICATION for FIRE PROTECTION PERMIT

### Property Information:

Owners Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Owners Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

### Applicant Information:

Applicant's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Other: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Upper Southampton Township Contractor's Registration#: \_\_\_\_\_

### Installation Information:

Business/ Tenant Name: \_\_\_\_\_

Address: \_\_\_\_\_ Bldg#: \_\_\_\_\_ Suite#: \_\_\_\_\_

\_\_\_\_\_

Type of System: \_\_\_\_\_

Installation of Fire Pump: \_\_\_\_\_

Number of Sprinkler heads Being Installed or Modified: \_\_\_\_\_

Installation of Standpipes: \_\_\_\_\_

Installation will comply with NFPA Standard#: \_\_\_\_\_

Local Alarm Notification of Off-site Alarm Monitoring: \_\_\_\_\_

Number of Separate Range Hood Systems Being Installed: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner/ Agent Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**NOTE: Do not begin work until permit is issued. If work starts prior to the permit being issued fees will be doubled. Both the owner and the contractor applying must sign this application. Two (2) copies of plans (signed and sealed drawings) must accompany this application. Hydraulic Calculations are required for new sprinkler and standpipe systems. Incomplete or incorrect applications will be returned.**

### FOR OFFICE USE ONLY:

APPROVED BY: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_ FEE \_\_\_\_\_