

CRITERIUM[®] PETERS ENGINEERS

If you have questions while filling out this permit application, please contact our office: 570-752-8044 or toll-free: (877) 752-4123.

FIRE PROTECTION PERMIT

Municipality _____ County _____ Lot# _____ Block _____ Tax Parcel _____

Construction Site Location _____ Date Received _____

Owner _____		
Address _____		
City _____	State _____	Zip _____
Phone _____		

Tenant _____		
Address _____		
City _____	State _____	Zip _____
Phone _____		

Front Yard _____ ft. (front of building to property line)
 Rear Yard _____ ft. (rear of building to property line)
 Side Yard _____ ft. Side Yard _____ ft.

Describe proposed work in detail: _____

State Classification: New Commercial Other Commercial New Residential Other Residential

Contractor _____ <i>(if owner, put same name above)</i>	
Address _____	
City _____	State _____ Zip _____
Phone _____	Cell _____
Fed. Employee No. _____ <i>(Certificate of Insurance for Workers Compensation needed or sign exemption form)</i>	
Estimate of total cost for all work _____	

Technical Site Data:
 Water Supply Source _____

Method of Alarm/Supr. Sys Supervised _____

Storage Tanks:
 Type Flammable Liquid Combustible Liquid
 LPG LNG Capacity _____ Fuel _____

Alarm Systems 110V Interconnected
 System

No.	ITEM
	Alarm devices (smoke, heat pulls, waterflow)
	Supervisory devices (tamper, low/high air)
	Signaling devices (horns/strobes, bells)
	Fire pump GPM Type _____
	Dry pipe/Alarm valves
	Sprinkler heads (dry & wet)
	Standpipes
	Wet chemical or Dry chemical

I hereby acknowledge that I have read this application and state the above is correct to comply with all Municipal ordinances and state laws regarding construction.

Signature: _____
 Owner Contractor Owner Representative

BUILDING CODE OFFICIAL USE ONLY	
Plans Approved _____	Plans Approved with Comments _____
UCC Building Fee _____	Plan Review Fee _____
Admin. Fee _____	State Fee _____
Total Cost _____	Code Official _____
State Cert# _____	Date Issued _____

Check One: CO2 Suppression-Foam
 Suppression-Halon Suppression
 Others: _____