

# CRITERIUM<sup>®</sup> 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 _____	Email: _____	

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

Zoning Permit Issued Yes No

Zoning Permit Issue Date \_\_\_\_\_

\*Please Include Copy of Zoning Permit\*

Inspection Requests Require 48-Hour Notice-No Exceptions. Please Call 570-752-4433 to Schedule

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

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

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

**Check One:**  CO2 Suppression-Foam  
 Suppression-Halon Suppression  
 Others: \_\_\_\_\_

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