



The City of Waterbury
DEPARTMENT OF INSPECTION
 26 Kendrick Ave
 Waterbury, CT 06702
 (203) 574-6855

PERMIT NUMBER:

Application for Fire Suppression System Permit

Date: _____

PLEASE PRINT LEGIBLY

Applicant:
 Name: _____
 Address: _____
 City/State/Zip: _____

LOCATION OF WORK:

Owner:
 Name: _____
 Address: _____
 City/State/Zip: _____

License Number: _____
 Phone Number: _____

Fire Suppression System Type: _____
 Type of Pipe: _____
 Number of Risers: _____ Size of Risers: _____
 Capacity of System (gallons): _____

ESTIMATED COST: \$ _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as an authorized agent and we agree to conform to all applicable laws of this jurisdiction.

PRINT NAME: _____ **SIGNATURE:** _____

Do not write below this line - For Office use Only

REQUIRED APPROVAL -- FIRE MARSHAL: _____

Permit Fee: \$ _____
 State Ed Fee: \$ _____
 Penalty Fee: \$ _____
TOTAL: \$ _____

Building Permit Required? YES NO
 Permit # _____
 Issued by: _____

Mechanical Inspector

