



The City of Waterbury
 DEPARTMENT OF INSPECTION
 26 Kendrick Ave
 Waterbury, CT 06702
 (203) 574-6856

PERMIT NUMBER:

Application for Sprinkler Permit

Date: _____

PLEASE PRINT LEGIBLY

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

LOCATION OF WORK:

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

License Number: _____
 Phone Number: _____
 Owner's Phone: _____

PLANS MUST BE ON FILE WITH THE PLUMBING INSPECTOR PRIOR TO THE ISSUANCE OF A SPRINKLER PERMIT

Building Type:

- Commercial
- Industrial
- Hospital
- Residential
- How many families? _____
- No. of stories _____

Job Type:

- Remodel
- Addition
- Repairs Only
- New Home
- Other _____

Indicate Type of System:

- Size of Main: _____
- One Source
 - Two Sources
 - Fire Hydrants
 - Fire Dept. Connection (4" Storz)

Plans on file:

- Plumbing Inspector YES NO
- Fire Marshal YES NO
- Building Inspector YES NO

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: _____

