

Duplicate plans must be filed with this application before a permit will be granted, one of which, upon issuance of the permit shall be kept at site during the progress of the work.

Permit No.....

.....APPLICANT NOT TO FILL IN SPACES ABOVE THIS LINE.....

Application for a Fire Extinguishing Equipment Permit

City of Springfield Department of Code Enforcement/Building Division

70 Tapley Street, Springfield, MA 01104

(413)787-6031-**TTY** (413)787-6641-**FAX** (413)787-6023

Date.....

1. Street and No.....
2. Owner's Name.....Address.....
3. Architect's Name.....Address.....
4. Contractor's Name.....License No.....Address.....
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5. Building Fronts on how many streets.....
6. What is the use of the building.....
7. Approximate size of building.....Area.....
8. Height of building from grade to highest part of roof.....
9. Number and size of stand pipes.....No. of hose connections.....
10. Portions to be equipped with automatic sprinklers.....
11. Portions to be equipped with open sprinklers.....
12. Number of sprinklers: Automatic.....Open.....
13. Fire Department connections: Location.....Type.....Size.....
14. Nature of automatic sprinkler alarms.....Location.....
15. Nature of water supplies.....Size.....
16. Water entrances on what streets.....
17. Installation subject to inspection of what Insurance Interests.....
18. Will the installation conform to the Law and the Building Ordinance.....
19. Estimated Cost.....

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Signature of Licensee