



Nashua Fire Rescue
Fire Marshal's Office
177 Lake Street, Nashua, NH 03060
www.nashuafire.com

Richard W. Wood
Fire Marshal
(603) 589-3460
Fax (603) 589-3474

AUTOMATIC SPRINKLER SYSTEM
PLAN REVIEW CERTIFICATION

- 1) Date of Application: _____

- 2) Name of Location: _____
Address of Installation: _____

- 3) Installing Company: _____

- 4) Designer: _____

- 5) Required attachments to this certification statement are:
 - Completed Design Affidavit.
 - List/copies of Installers qualification/certification
 - Two sets of calculations and two sets of plans in accordance with Plan Requirements of Nashua Fire Marshal's Office.

- 6) The undersigned certifies that the automatic sprinkler system is to be installed in total conformance with the 2002 edition of NFPA 13. (If not, the areas of non- conformance are):

Signed: _____

Date: _____

Firm: _____

Phone No.: _____