



# FIRE

## Protection Systems

### Fire Suppression Permit

Inspection Record: (Comments on other side)

Rough \_\_\_\_\_ Date \_\_\_\_\_

Final \_\_\_\_\_ Date \_\_\_\_\_

Received by \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

**Permit #** \_\_\_\_\_

Owner \_\_\_\_\_

Date Issued \_\_\_\_\_

Residential  Commercial

Property Acct # \_\_\_\_\_

Item		Fee	Quantity	Total
1	<b>SPRINKLER SYSTEMS</b> NEW <input type="checkbox"/> MODIFICATION <input type="checkbox"/>			
	New System - Square Footage _____ Modification - Number of Heads _____			
2	<b>OTHER</b> – Minor and miscellaneous work not covered above (each) Describe:			
3	<b>REINSPECTION</b> fee - for same work due to failure to pass final inspection (per Ordinance 0-22-023)	150.00		
4	<b>SURCHARGE</b> for permits issued after construction started without a permit *100% of applicable fee, but not to exceed \$250. Such violations also subject to criminal penalties under NH law.	250.00 *		
<b>Subtotal</b>				
5	<b>APPLICATION FEE</b> (non-refundable) Following receipt, if plans are modified – fee may be adjusted.	20.00		\$20.00
<b>Minimum total fee - \$30.00</b>		Receipt # _____		<b>TOTAL</b>

I, the undersigned, notify the City of Nashua that there  will not /  will be a need to abate asbestos containing material while performing work on this permit. All state and local health laws pertaining to the disposal of waste material are to be abided by. The applicant shall contact the Environmental Health Department, 18 Mulberry Street, 589-4530. I certify the owner of record authorizes the proposed work and I have been authorized by the owner to make this application as his agent and we agree to conform to all applicable laws of the City of Nashua. I attest all statements made on this application are true to the best of my knowledge. Applicants are advised that the making of a false statement on this form is a criminal offense.

Contractor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email Address \_\_\_\_\_

Applicant name printed \_\_\_\_\_

Signature of applicant \_\_\_\_\_

Telephone number \_\_\_\_\_

Fire Marshal or Designee \_\_\_\_\_

Date \_\_\_\_\_

Please have your project number and type of inspection ready so we may expedite your inspection request.  
 Permit valid for one (1) year from date of issue. **Call for Inspections – 603-589-3460**  
**ALL PERMITS MUST BE POSTED ON SITE**