



FIRE

Protection Systems

Fire Alarm 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
FIRE ALARM SYSTEMS <input type="checkbox"/> NEW <input type="checkbox"/> MODIFICATION			
<input type="checkbox"/> Fire alarm control panel <input type="checkbox"/> Annunciator panel			
<input type="checkbox"/> Request for Master box # (if applicable) _____ <input type="checkbox"/> Central Monitoring Company (name) _____			
Fire alarm initiating or notification device (per device) <input type="checkbox"/> Smoke detector <input type="checkbox"/> Pull station <input type="checkbox"/> Horns <input type="checkbox"/> Strobes <input type="checkbox"/> Speakers <input type="checkbox"/> Other <input type="checkbox"/> adding # _____ devices			
<input type="checkbox"/> OTHER – Minor and miscellaneous work not covered above (each) Describe:			
<input type="checkbox"/> FACP change out/upgrade (plus up to 20% of devices)			
REINSPECTION fee - for same work due to failure to pass final inspection (Per Ordinance O-22-023)	150.00		
SURCHARGE 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 *		
Subtotal			
APPLICATION FEE (non-refundable) Following receipt, if plans are modified – fee may be adjusted.	20.00		\$20.00
Minimum total fee - \$30.00	Receipt # _____	TOTAL	

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 inspection – 603-589-3460
ALL PERMITS MUST BE POSTED ON SITE