



VERMONT DEPARTMENT OF PUBLIC SAFETY DIVISION OF FIRE SAFETY

Office of the State Fire Marshal, State Fire Academy and State HAZMAT Team

www.firesafety.vermont.gov



SPRINKLER SYSTEM PERMIT APPLICATION

Have you consulted with a Fire Marshal regarding this project? No Yes/Name _____

All sections are required to be filled out completely and shall be typed or printed legibly

Section A - Building Location and Ownership Information

Building Name _____

Building Address _____
911 Number / Street City State Zip

Building Owner _____

Address _____
Mailing Address City State Zip

Phone _____ E-mail _____

Section B - Applicant Information

Company _____ Contact Person _____

Address _____
Mailing Address City State Zip

Phone _____ E-mail _____

Section C - Sprinkler System

Complete for all new sprinkler system installations or alterations to existing systems.

Name of Installer: _____ VT TQP Certification Number: _____

Name of Designer: _____ VT TQP/ Engineer Number: _____

Designer's Email: _____ Designer's Phone #: _____

Type of Sprinkler: 13 (Complete) 13R (Residential) 13D (Domestic) Limited Area

Wet Dry Pre-action Mist Other: _____

Type of Standpipe Wet Dry Class: _____

Automatic Semi-Automatic Manual

Water Supply Data:

Storage Tank: Tank Construction Type: _____ Size/ Volume: _____

Interior Storage Tank Exterior Storage Tank

Municipal Water: GPM: _____ Pressure: _____ Tested By: _____ Date: _____

This application must be accompanied by the following:

- ◆ Complete piping plans, full height cross-sections, and ceiling construction details
- ◆ Manufacturer's specifications and information for each type of system component being installed.
- ◆ Fire Pump manufacturer's specifications and information (if applicable)
- ◆ Sprinkler water storage tank information (if applicable)

This section for office use only

| | | | |
|--------------|--------------|---------------|----------------|
| Structure ID | Work Item ID | Received Date | Reviewer |
| Check From | Check # | Check Amount | Event ID |
| | | | Date Permitted |

Section D - Description / Scope of work

Please provide a description of the work being performed. Attach additional pages as necessary.

Section E - Project Valuation and Fee calculations

The Permit Fee is based on the total valuation of the sprinkler system installation for which the permit is being obtained.

For projects involving volunteer labor and donated material, the valuation of construction work is based on the value of the volunteer labor as well as the donated materials when calculating the permit fee.

| | |
|--------------------------------|----|
| Sprinkler System | \$ |
| Consulting Design | \$ |
| TOTAL PROJECT VALUATION | \$ |

| | |
|--|------|
| Fee is \$8.00 per \$1000 of total project valuation Calculate fee by multiplying TOTAL PROJECT VALUATION by 0.008 | .008 |
|--|------|

| | |
|--|----|
| There is a \$50 Minimum Fee This line is for the fee as calculated or \$50 whichever is greater. | \$ |
|--|----|

***** Please make all checks payable to the Department of Public Safety *****

Section F - Project Specific Details

All shop drawings should be drawn on sheets of uniform size and at a minimum should include the following information from the applicable NFPA Standard: (check all boxes that apply)

- NFPA 13 Section 22.1
- NFPA 13R Section 8.1
- NFPA 13D Section 4.5
- NFPA 20 Section 4.2.3 (if applicable)
- NFPA 22 Section 4.6 (if applicable)

Project Start Date:

Project Completion Date:

General Information

I hereby attest by my signature under 13 V.S.A. 3016 (filing a false claim with a Department or Agency of the State) that I am the owner, or owner's designated representative and that the information contained within this form is correct and accurate to the best of my knowledge:

Signature of Applicant: _____ **Date:** _____

Return this completed form with all required fees, plans, and supplemental information to the appropriate regional office

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Barre Regional Office 1311 US Rte 302, Ste 500 Barre, VT 05641 Phone: (802) 479-4434 | <input type="checkbox"/> Rutland Regional Office 56 Howe St, Bldg A, Ste 200 Rutland, VT 05701 Phone: (802) 786-5867 | <input type="checkbox"/> Springfield Regional Office 100 Mineral St, Ste 307 Springfield, VT 05156 Phone: (802) 885-8883 | <input type="checkbox"/> Williston Regional Office 380 Hurricane Lane, Ste 101 Williston, VT 05495 Phone: (802) 879-2300 |
|---|--|--|--|