

Date _____

Permit No. _____ **-SP**

Borough of Pitcairn

APPLICATION FOR COMMERCIAL FIRE SUPPRESSION SYSTEM PERMIT

<u>Application type</u> (Check all that apply)	<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> REPLACEMENT OF HEADS <input type="checkbox"/> FIRE PUMP	<input type="checkbox"/> SYSTEM EXTENSION OR ALTERATION <input type="checkbox"/> REPAIRS <input type="checkbox"/> RELOCATION OF HEADS <input type="checkbox"/> COOKING HOOD SUPPRESSION SYSTEM (ANSUL)
<u>Site Information</u>	NAME: _____ ADDR: _____ _____ Subdivision _____ Lot _____ Block _____ Construction Costs: _____	
<u>Use/Occupancy classification:</u> (Check all that apply)	<input type="checkbox"/> A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <input type="checkbox"/> A-5 <input type="checkbox"/> B <input type="checkbox"/> E <input type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/> H-1 <input type="checkbox"/> H-2 <input type="checkbox"/> H-3 <input type="checkbox"/> H-4 <input type="checkbox"/> H-5 <input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> I-4 <input type="checkbox"/> M <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> S-1 <input type="checkbox"/> S-2 <input type="checkbox"/> U	
<u>Type of work to be done</u> (check all that apply)	<input type="checkbox"/> New construction <input type="checkbox"/> Underground fire service line <input type="checkbox"/> Repair existing <input type="checkbox"/> Alteration and or extension of system <input type="checkbox"/> Equipment replacement <input type="checkbox"/> Standpipe system	
<u>Type of system</u> (Check all that apply)	<input type="checkbox"/> NFPA 13 <input type="checkbox"/> FOAM <input type="checkbox"/> NFPA 13R <input type="checkbox"/> CO2 <input type="checkbox"/> ANSUL <input type="checkbox"/> HALON <input type="checkbox"/> STANDPIPE <input type="checkbox"/> WET <input type="checkbox"/> CLEAN AGENT <input type="checkbox"/> DRY	
<u>Documentation Required</u>	<input type="checkbox"/> Insurance certificates of contractors, if applicable, must be filed with this application. <input type="checkbox"/> Fire protection shop drawings stamped by engineer indicating the location of all devices and equipment <input type="checkbox"/> Equipment cut sheets <input type="checkbox"/> Hydraulic calculations <input type="checkbox"/> Fire protection contractor registration as required by the Borough of Pitcairn <input type="checkbox"/> New _____ <input type="checkbox"/> On file _____ Note: Shop drawings prepared by contractor must be reviewed and approved by and Engineer and must bear a shop drawing stamp from the Engineer.	
<u>Construction Details</u>	<input type="checkbox"/> Number of single dwelling units _____ <input type="checkbox"/> Number of heads _____ <input type="checkbox"/> Alternate fire suppression system as defined by the International Building Code or the International Fire Code. <input type="checkbox"/> Installation requires a fire pump. <input type="checkbox"/> Installation requires a dry system <input type="checkbox"/> Installation requires an accelerator <input type="checkbox"/> System is for a Commercial Cooking Hood	

<u>Description of Work</u>	<hr/> <hr/> <hr/>
<u>Owner Information</u>	Owner's name _____ Address _____ Phone _____ Fax _____ Email: _____
<u>Contractor Information</u>	Company name _____ Address _____ Contact Person _____ Phone _____ Fax _____ Email: _____
<u>Insurance Information</u>	Company Name _____ Address _____ Policy No. _____ Exp. Date _____ Coverage Amount _____ Note: A copy of your insurance certificate must accompany this application.
<u>Applicant Signature</u>	Print Name: _____ Signature _____ Date: _____

-OFFICIAL USE ONLY-

FEE SCHEDULE _____ RESIDENTIAL _____ COMMERCIAL _____ INDUSTRIAL _____ DEMOLITION _____ SIGNS _____ X _____ = _____ OTHER _____ OTHER _____ TOTAL _____	PERMIT ISSUED _____ PERMIT DENIED _____ REASON REVISED _____ Z.H.B. CASE # _____ Z.H.B. DECISION _____ X _____ BUILDING CODE OFFICIAL OR CONSTRUCTION CODE OFFICIAL CERTIFICATION NO. _____
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**COMMERCIAL FIRE SUPPRESSION
REQUIRED INSPECTIONS**

**IT IS MANDATORY TO CALL PLANS EXAMINERS, INC. FOR INSPECTIONS
AT 412-787-1510 OR VISIT:**

<http://plans-examiners.com/pitcairnborough.html> - 48-HOUR NOTICE REQUIRED

Project Name: _____

Contact: _____ **Phone** _____

For Department use only

Rough Piping: After installation of rough piping and prior to concealment of any part.

Required:

Date:

Inspector Cert. #

Inspector Signature:

Fire Suppression System Acceptance: To be completed when systems are complete and operational. The system must report to the central station.

Required:

Date:

Inspector Cert. #

Inspector Signature:

INSPECTION PENALTY:

Inspections not cancelled by 4:00pm of the previous regular business day preceding the day of the scheduled inspection, and re-inspections of previously failed items that incur subsequent failures of the same punch list item shall be subject to a \$75.00 fee per incident.