

Section C, Automatic Fire Suppression Systems: Complete for all Suppression system installations.

Name of Installer: _____ VT TQP Number: _____

Agent Type: Wet Chemical Other: _____

System Make: _____ System Model: _____

Kitchen Hood, where installed is provided with a portable K Class fire extinguisher: Yes No N/A

This application must be accompanied by the following:

- Drawing of coverage area to include all appliances/equipment, piping and device locations.
- Manufacturer's specifications and information.

Section D, Project Valuation and Permit Fee: Complete for all permits. **Make check payable to City of South Burlington and include with this application.**

I, _____ certify that the total valuation of the construction work is as follows:

(Applicant's Name)

The Permit Fee is based on the total valuation of improvements or new construction 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.

System Design	Costs	Fee Schedule	Fee summation
** NFPA 96 compliant system and components		Cost X \$ 0.040	
Consulting		Cost X \$ 0.040	
Other third party services		Cost X \$ 0.040	
Total		Fee schedule total	

Applicant's Company Name:		
Contact Person:	Position:	
Address:		
City:	State: Zip:	E-mail:
Phone Number:	Fax:	

I hereby certify that the information contained within this application is correct and accurate.

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