



South Burlington Fire Department

575 Dorset Street
South Burlington, VT 05403
(802) 846-4134
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www.sburl.com



Specialty Suppression Systems - Permit Application

PLEASE PRINT

Section A, Site Information: *Complete for all permits*

Name of Building/Site: _____

Former Building Name: _____

Physical Location: _____
(9-1-1 Address) *Number and Street name, city/town, zip code*

Name of Lessee: _____
(if business)

Building Owner Name: _____

Owner Mailing Address _____ Zip Code _____

Owner Phone Number: () _____ E-mail: _____

Section B: Specialty Agent Fire Suppression Systems: *Complete for all suppression system installations or alterations*

Name of Installer: _____ VT TQP Certification Number: T-2: _____

Installer's phone: () _____ E-mail : _____

Clean agent type: _____

Other: _____

System Make: _____ System Model: _____

Number of Tanks: _____ Size: _____ # nozzles: _____

Note: *System shall be tied to a fire alarm system and report as a separate alarm zone with physical location denoted*

This application must be accompanied by the following:

- Drawing of coverage area including equipment and device locations.
- Manufacturer's specifications and information.
- Calculations for concentration of clean agents (if applicable).

***FOR OFFICE USE ONLY – DO NOT WRITE BELOW ***

Site#	Project #	Received Date:	Reviewer:
Check #	Amount	Event #:	Approval Date:
Check From:			

Section C: Complete for Alterations /repair work to existing systems

State ID #: F- _____ State Inspection Certif. #: _____

Description of alteration/repair work : *use separate sheet if necessary*

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)

Water Based - Fire Suppression System Permit Fees

System Design	Costs	Fee Schedule	Fee summation
** NFPA Compliant system		Cost X \$ 0.011	
Consulting		Cost X \$ 0.011	
Electrical		Cost X \$ 0.011	
Fire alarm		Cost X \$ 0.011	
Consulting		Cost X \$ 0.011	
Other		Cost X \$ 0.011	
Total		Fee schedule total	

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

Note: System shall be tied to a fire alarm system and report as a separate alarm zone with physical location denoted. If fire alarm not present a weather-proof exterior horn/strobe shall be mounted in plain site on the street side of the property not less than 8' off finished grade.

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

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