



BOROUGH OF PARKESBURG

315 West First Avenue, Building 1, Parkesburg, PA 19365

Phone: 610-857-2616 Fax: 610-857-1102

APPLICATION FOR FIRE SUPPRESSION SYSTEM

Owner/Applicant: _____
Name Address Phone No.

Location Address: _____

Tax Parcel No: _____ New Building: _____ Existing Building: _____

New Work: _____ Repair/Replacement: _____ Commercial _____ Residential _____

Description of Work: _____

Square Footage of Area to be Protected: _____ Cost of Work: \$ _____

Please include three (3) sets of plans (shop drawings okay) for proposed work which should include, but not be limited to, the following:

- Square footage of the area to be covered
- Flow - Switches
- Siamese Connections
- Exit Signs
- Safety Switches
- Controllers
- Square footage of the entire structure
- Valves
- Emergency Lighting Locations
- Water Service Location(s) and Size
- Generators

Please indicate the height (in stories) of the proposed coverage area:

One _____ Two _____ Three _____ Includes Basement _____ No Basement _____

**If any equipment shall be located outside of the building, please include a plot plan indicating the location of the equipment relative to the building and the lot lines*

**Please provide specifications for any equipment to be employed, including cut sheets for sprinkler heads.*

The undersigned agrees to conform to all applicable laws of the Borough of Parkesburg.

Applicant's Signature: _____ Date: _____

Approved by: _____	Date: _____
Permit No: _____	Fee: _____