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| **Specialty Suppression Systems Permit Application** |

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| Section A – Site Information  *Complete for All Permits* | | |
| Name of Building/Site: | Type Name of Building/Site | |
| DPW – ISD Parent Building Permit Number: | Type Permit Number | |
| Physical Location (911 Address): | Type Number and Street Name | |
| Name of Lessee (If Business) | Type Name of Lessee | |
| Building Owner Name: | Type Building Owner Name | |
| Owner Mailing Address: | Type Number and Street Number | Type Zip Code |
| Owner Contact (Phone and E-Mail): | Type Phone Number | Type Email |

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| Section B – Specialty Agent Fire Suppression Systems  *Complete for all suppression system installations or alterations* | | | | |
| Name of Installer: | Type name of Installer | VT TQP Number: | | Type TQP Number |
| Installer Contact (Phone and E-Mail): | Type Phone Number | | Type Email | |
| System Features: | Clean Agent Type: Type Agent Type  Other: Type Other | | | |
| System Make: | Type Make | System Model: | | Type Model |
| Number of Tanks: Type Number Size: Type Size Number of Nozzles: Type Number  *Note: System shall be tied to a fire alarm system and MRCB if present, and report as a separate alarm zone with physical location denoted. Separate City permit required for fire alarm work.* | | | | |
| This application must be accompanied by the following:   * Drawing of coverage area including equipment and device locations. * Calculations for concentration of clean agents (if applicable). * Manufacturer’s specifications and information. | | | | |

**\*FOR OFFICE USE ONLY – DO NOT WRITE IN GREY\***

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| Firehouse #: | Permit #: | Received Date: | Approval Date: |
| Check #: | Check From: | Amount: | Reviewer: |

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| Section C – Alteration/ Repair to Existing Specialty Suppression Systems | | | |
| FA State ID Number: | Type ID Number | VT Inspection Sticker Number | Type Sticker Number |
| Description of the work being performed (required for all permit applications):  Type Description Here | | | |

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| Section D – Project Valuation and Permit Fee  *Complete for all permits.*  *Make check payable to the Burlington Fire Department and include with this application.* | | | | |
| I, Type Applicant Name Here certify that the total valuation of the construction work is as follows: | | | | |
| Specialty Suppression Permit Fees | | | | |
| System Design | Costs | Fee Schedule | | Fee summation |
| NFPA Compliant suppression system and components | Enter Amount | Cost X $ 0.011  ($11 minimum fee for work values less than or equal to $1,000) | | Enter Amount |
| Expedited permit fee (10 days to process per BCO 13-59(c)(8)) |  | $150 per hour  (total cost determined by FMO based on project complexity) | | Enter Amount |
| Permit amendment fee ($50 plus 3% of work cost increase) | Enter Amount | $50 + (Cost increase X $ 0. 03) | | Enter Amount |
| Permit Recording Fee (Required for all permits) | | | | $10 |
| Total |  | Fee schedule total | | Enter Total |
| Applicant’s Company Name: Type Company Name | | | | |
| Contact Person: Type Contact Person | | | Position: Type Position | |
| Address: Type Address | | | | |
| Phone Number: Type Phone Number | | | E-mail: Type E-Mail | |

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 view on the street side of the property not less than 8’ off finished grade.

Note: System control panel keyways shall be CAT-30. (BCO 13-60(e))

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

**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Form updated: 8/7/2018 (BCO Chapter 13 revisions approved by City Council 6/25/18)