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| **Water Based Fire Suppression System – 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 – Project information*:*  *Complete for all permits* |
| Indicate the system for which the permit is being obtained:  Fire Sprinkler System  Fire Sprinkler/ Standpipe System  Underground Private Fire Service Main  Fire Pump (Separate Permit Required)  Independent Standpipe System  Other  Please type a description of the work being performed: Type description |
| This application must be accompanied by the following:   * Complete piping plans, full height cross-sections, and ceiling construction details * Manufacturer’s specifications and information for each type of system component being installed * Fire pump manufacturer’s specifications and information (if applicable) * Hydraulic calculations * Sprinkler water storage tank information (if applicable) |

Knox Box(es) and two sets (minimum) of all building master keys is/are required for all buildings equipped with a fire alarm and/or sprinkler system (BCO 13-60). Knox Boxes can be ordered online at www.knoxbox.com (3200 series with hinge or residential series - determined in consultation with FMO)

**\*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 – Water Based Fire Suppression Systems  *Complete for all sprinkler system installations or alterations* | | | |
| Name of Installer: | Type Name of Installer | VT TQP Certification Number: | Type Certification Number |
| Name of Designer: | Type Name of Designer | VT TQP / Engineer License: | Type Engineer License |
| Type of Sprinkler:  Complete  Residential (13R)  Domestic (13D)  Limited area  Mist  Wet  Dry  Pre-Action  Underground Fire Main | | | |
| Type of Standpipe:  Wet  Dry  Class: Click here to enter text.  Automatic  Semi – Automatic  Manual | | | |
| Water Supply Data:  Volume: Type Volume Pressure: Type Pressure Tested by: Type Name Date: Enter a date | | | |
| Description of the work being performed (required for all permit applications): Type modification 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: | | | | |
| Water Based Fire Suppression System Permit Fees | | | | |
| System Design | Costs | Fee Schedule | | Fee summation |
| Sprinkler, combination sprinkler/standpipe, or independent standpipe systems | Enter Amount | Cost X $ 0.018  ($18 minimum fee for work value less than or equal to $1,000) | | Enter Amount |
| Fire Pump – REQUIRES SEPARATE PERMIT APPLICATION |  | SEPARATE PERMIT APPLICATION | | Enter Amount |
| NFPA 13-R/D system (No charge if less than five (5) units in building per BCO 13-59(c)(3)) | Enter Amount | Cost X $ 0. 018 | | 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 |
| Phased-in installation inspection fee (multiple phases in single permit, per BCO 13-59(c)(9) | Enter Amount | Cost X 0.12 | | Enter Amount |
| Permit Recording Fee (Required for all permits) | | | | $15 |
| Total |  | Fee schedule total  *(Minimum Fee = $33.00)* | | 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 | |

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

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

Form updated 11/26/2019 (Increase in recording fee as per 2019 change in 32 VSA § 1671)