

**APPLICATION FOR SPRINKLER / FIRE SUPPRESSION PERMIT**

TOWN OF NEWINGTON, 131 CEDAR STREET, NEWINGTON, CT 06111  
TEL.(860) 665-8580,FAX.(860) 665-8577-BDG DEPT.,(860) 667-5910-FIRE MARSHAL

**APPLICATION MUST BE FILLED OUT COMPLETELY IN INK**

JOB LOCATION: \_\_\_\_\_

CONTRACTOR'S NAME: \_\_\_\_\_ TEL. NO. \_\_\_\_\_

CONTRACTOR'S ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ STATE REG. NO. \_\_\_\_\_

(HOME) OWNER'S NAME: \_\_\_\_\_ TEL NO. \_\_\_\_\_

(HOME) OWNER'S ADDRESS: \_\_\_\_\_

DESCRIPTION OF WORK TO BE PERFORMED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL VALUE OF WORK TO BE PERFORMED \$ \_\_\_\_\_

TYPE OF BUILDING: RESIDENTIAL \_\_\_\_\_ COMMERCIAL \_\_\_\_\_ OTHER \_\_\_\_\_

TYPE OF JOB: NEW CONSTRUCTION \_\_\_\_\_ ALTERATION \_\_\_\_\_ ADDITION \_\_\_\_\_

ALL WORK COVERED BY THIS APPLICATION HAS BEEN AUTHORIZED BY THE (OWNER) OR (AGENT) OF THIS PROPERTY AND WILL BE DONE ACCORDING TO STATE CODES AND REGULATIONS. **NO WORK SHALL BE STARTED UNTIL THE BUILDING DEPARTMENT HAS RECEIVED THIS APPLICATION AND HAS ISSUED A PERMIT.** ALL PERMITS APPROVED SUBJECT TO FIELD INSPECTIONS.

SIGNED: \_\_\_\_\_  
(APPLICANT) (DATE) (TEL. NO.)

PLEASE PRINT NAME: \_\_\_\_\_

PERMIT FEE \$ \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

TOTAL PAID \$ \_\_\_\_\_

DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

PERMIT NO: \_\_\_\_\_

## **APPLICATION FOR SPRINKLER / FIRE SUPPRESSION PERMIT**

This form is used when Sprinkler / Fire Suppression is installed.

1. Three (3) sets of plans are needed along with the application.
2. An (F) type license is required.

Note: Lawn sprinklers applications use the Plumbing Application, not Sprinkler / FSS Application.