



**HMT and Associates**  
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## APPLICATION FOR COMMERCIAL FIRE SUPPRESSION SYSTEM PERMIT

**Municipality:** \_\_\_\_\_

<p><b>Site Information</b></p>	<p>Facility Name (name of company, mall, institution, university, etc.): _____</p> <p>Building and/or Tenant Name _____</p> <p>Street <b>Number</b> and <b>Name</b> _____</p> <p>City _____ State _____ Zip Code _____</p>
<p><b>Application Type</b></p>	<p> <input type="checkbox"/> New Construction  <input type="checkbox"/> Replacement of Heads  <input type="checkbox"/> Relocation of Heads  <input type="checkbox"/> System Extension or Alteration         </p> <p> <input type="checkbox"/> Fire Pump  <input type="checkbox"/> Cooking Hood Suppression  <input type="checkbox"/> Repairs         </p>
<p><b>Use/Occupancy Classification:</b></p> <p>Check box to <b>left of applicable group.</b>          Check all that apply.</p>	<p> <input type="checkbox"/> A-1    <input type="checkbox"/> A-2    <input type="checkbox"/> A-3    <input type="checkbox"/> A-4    <input type="checkbox"/> A-5    <input type="checkbox"/> B    <input type="checkbox"/> E  <input type="checkbox"/> F-1    <input type="checkbox"/> F-2    <input type="checkbox"/> H-1    <input type="checkbox"/> H-2    <input type="checkbox"/> H-3    <input type="checkbox"/> H-4    <input type="checkbox"/> H-5  <input type="checkbox"/> I-1    <input type="checkbox"/> I-2    <input type="checkbox"/> I-3    <input type="checkbox"/> I-4    <input type="checkbox"/> M    <input type="checkbox"/> R-1    <input type="checkbox"/> R-2  <input type="checkbox"/> R-3 Adult Care    <input type="checkbox"/> R-3    <input type="checkbox"/> R-4    <input type="checkbox"/> S-1    <input type="checkbox"/> S-2    <input type="checkbox"/> U  <input type="checkbox"/> Single Family Dwelling/Townhouse         </p>
<p><b>Mandatory Documents</b></p>	<p>Check each block below indicating that all of the following will be submitted with this application:</p> <p> <input type="checkbox"/> Two (2) sets Engineer Stamped Fire protection shop drawings  <input type="checkbox"/> Equipment cut sheets  <input type="checkbox"/> Hydraulic Calculations         </p>
<p><b>Type of Work</b></p>	<p> <input type="checkbox"/> New Construction  <input type="checkbox"/> Repair Existing  <input type="checkbox"/> Equipment Replacement         </p> <p> <input type="checkbox"/> Underground Fire Service Line  <input type="checkbox"/> Alteration or Extension of  <input type="checkbox"/> System Standpipe System         </p>
<p><b>Type of System</b></p>	<p> <input type="checkbox"/> NFPA 13    <input type="checkbox"/> FOAM  <input type="checkbox"/> NFPA 13R    <input type="checkbox"/> Co2  <input type="checkbox"/> ANSUL    <input type="checkbox"/> HALON  <input type="checkbox"/> STANDPIPE    <input type="checkbox"/> WET  <input type="checkbox"/> CLEAN AGENT    <input type="checkbox"/> DRY         </p>
<p><b>Construction Details</b></p>	<p> <input type="checkbox"/> Number of single dwelling units ____  <input type="checkbox"/> Number of heads ____  <input type="checkbox"/> Alternate fire suppression system as defined by the IBC  <input type="checkbox"/> IFC Installation requires a fire pump  <input type="checkbox"/> Installation requires a dry system  <input type="checkbox"/> Installation requires an accelerator  <input type="checkbox"/> System is for a Commercial Cooking Hood         </p>
<p><b>Description of Work</b></p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Applicant's Certification:**

Note: **THE BUILDING PERMIT AND THE CERTIFICATE OF OCCUPANCY FOR THIS BUILDING OR STRUCTURE WILL BE ISSUED TO AND IN THE NAME OF THE PERSON LISTED BELOW.**

As the owner or the authorized agent of the project for which this application is filed, I certify that:

1. The estimated construction cost and all other information provided as part of this application for a building permit is correct.
2. The building or structure described in this application will not be occupied until all known code violations are corrected and a Certificate of Occupancy has been received.
3. This project will be constructed in accordance with the approved drawings and specifications (including any required non-design changes) and the Uniform Construction Code standards as specified in 34 PA Code Chapters 401-405.
4. Any changes to the approved documents will be filed.
5. If the licensed architect or engineer in responsible charge of this construction should change, written notice of the change will be provided.
6. When required, up to 20% of the total cost of any work performed on an area of primary function in an existing building will be expended to provide an accessible route to the area of primary function.
7. No error or omission in either the drawings and specifications or application, whether approved or not, shall permit or relieve me from constructing the work in any manner other than provided for in 34 PA Code Chapters 401-405.

Applicant Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_