

Application for Permit to Install Automatic Sprinklers

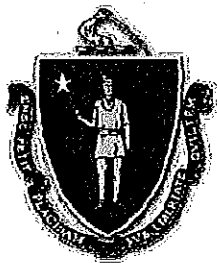
Town of Sturbridge Building Department
308 Main Street, Sturbridge, MA 015766 p) 508.347.2505

Date _____

1. Address _____
2. Owner's Name _____ Address _____
3. Contractor's Name _____ License# _____
4. Address _____
5. Construction New / Old If old previous use of building _____
6. Building Use _____ New / Old
7. Building Size _____ Height _____
8. Material of Building _____ # of stores or families housed _____
9. New Installation? Yes / No Alteration? Yes / No
10. # and Size of stand pipes _____ # of hose connections _____
11. Portions to be equipped with Automatic Sprinklers _____
12. Portions to be equipped with Open Sprinklers _____
13. Number of Sprinklers: Automatic _____ Open _____
14. Fire Department Connections: Location _____ Type _____ Size _____
15. Nature of Automatic Sprinkler Alarms _____ Location _____
16. Estimated Cost _____

Duplicate plans must be filed with this application before a permit will be granted, one of which upon issuance of the permit shall be kept at site during the progress of work. Concealed piping must be approved, before being covered in.

Signature of Licensee



Commonwealth of Massachusetts

Department of Public Safety

Uniform Fire Protection Construction Document Transmittal Form

Date:

To:

From:

Re:

Map

Parcel

I am forwarding a set of fire protection documents to you for your review pursuant to 780 CMR the Massachusetts State Building Code, Sections 107.1.2 and/or R106.3.3.4, as applicable. The following documents are enclosed:

Other:

Please review these construction documents for compliance with 780 CMR 9.00 and/or 780 CMR 4.00, 780 CMR 34.00, 780 CMR 51.00 Ch. 3 and Appendix J as applicable. For the purpose of your review, it has been determined that the proposed construction type is _____ and the proposed use(s) is/are:

A Assembly	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 Business	B <input type="checkbox"/>	M Mercantile	M. <input type="checkbox"/>
E Educational	E <input type="checkbox"/>	S Storage	S-1 <input type="checkbox"/> , S-2 <input type="checkbox"/>
F Factory	F-1 <input type="checkbox"/> , F-2 <input type="checkbox"/>	U Utility	S. <input type="checkbox"/>
H High Hazard	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 Institutional	I-1 <input type="checkbox"/> , I-2 <input type="checkbox"/> , I-3 <input type="checkbox"/> , I-4 <input type="checkbox"/>		
R Residential	R-1 <input type="checkbox"/> , R-2 <input type="checkbox"/> , R-3 <input type="checkbox"/> , R-4 <input type="checkbox"/> , 1 and 2 Family Dwelling <input type="checkbox"/> , Townhouses <input type="checkbox"/>		
Special Use	Special Use <input type="checkbox"/> , Specify: _____		
Mixed Use	Yes <input type="checkbox"/> , No <input type="checkbox"/> ; Non Separated <input type="checkbox"/> , Separated <input type="checkbox"/> , Combination Non Sep./Sep. <input type="checkbox"/>		

Please forward your written comments, or a request for an extension of time, to this office within 10 days. If you believe the fire protection construction documents are noncompliant with the requirements of 780 CMR or the applicable reference standards, provide your written comments citing the relevant sections of noncompliance (refer to M.G.L. c.148 §28A). If your written comments or request for an extension of time is not received within the allowed time frame, the documents, after review, may be deemed to be in compliance with 780 CMR. Please note, one or more extensions of time for review may be granted, provided that cumulative time does not exceed 30 days. Should you have any questions, please contact this office.

Please sign, date and return one copy of this document to the building department.

Fire Chief or Designee _____ Print Name _____ Date ____ / ____ / ____

For Building Department Use:

Received By: _____ Date: ____ / ____ / ____ Permit #: _____