

848 North Main Street
Laconia, New Hampshire 03246
603-524-6881

Laconia Fire Department
Fire Prevention Division



PERMIT TO INSTALL OR MODIFY FUELING STATION FIRE SUPPRESSION SYSTEMS

Section 1:

Property Name: _____
Address: _____
Property Owner: _____
Contact Telephone: _____ Occupancy Type: _____
No. of Stories: _____ No. of Units _____ Gross Floor Area: _____
Type of Construction: _____

Section 2:

Make and Type of System: _____ Fire Alarm Panel Manufacturer: _____
Equipment Installed By: _____ Telephone: _____
Equipment Maintained By: _____ Telephone: _____

Section 3:

System Plans Submitted for Review: (2 sets) Y N Date: _____
Agent Calculations Submitted for Review: (2 sets) Y N Date: _____
Specification Sheets Submitted for Review: (1 set) Y N Date: _____

For Official Use Only Below This Line

Section 4:

Suppression Plans and Specifications - Received: _____ Date: _____ Approved: _____
Permit Approved: _____ Date: _____

Plan Review Residential	\$250.00	Total Amount Due:	\$_____
		Total Amount Paid	\$_____
		Cash/Check #	\$_____

All fees to be paid at the time of plan submittal

A COPY OF THIS PERMIT SHALL BE POSTED AT THE INSTALLATION SITE