

FIRE SUPPRESSION SYSTEM APPLICATION



Hingham Fire - Rescue
Department of Fire Prevention
and Code Compliance
210 Central Street
Hingham, MA 02043

HFD FS Permit # _____
Building Permit # _____
 STANDARD PERMIT: \$50.00
Office: (781) 741-1488 * Fax: (781) 741-1460

NOTE: This application form must be completed and submitted to the Hingham Fire Department, Fire Prevention Office, 210 Central Street.

1. Tenant Name: _____
2. Site Address: _____ Unit/Bldg # _____
3. Complex Name: _____
4. Work being done: Modification to existing system New System
5. Type of System: Dry Chemical Wet Chemical Clean Agent Carbon Dioxide
6. Hazard being Protected: Fuel Dispensers Fixed Hood & Ducts Tel/Data Room Other
7. Description of Work, (be specific, use the back of the application if necessary):

8. Fee: Paid Due N/A

| | |
|--------------------------------|------------------------|
| Contractor Name: _____ | Phone # : _____ |
| Contact Name: _____ | Fax # : _____ |
| Business Address: _____ | |
| License Number: _____ | |

All of the following information is required to be submitted with this application:

- Plans
- Cut sheets or references for all devices.
- All necessary calculations and references.

Failure to PROVIDE ANY of the above requested information may result in a delay of the review process and the rejection of your application.

I understand that the installation is to comply with Hingham Fire Department Guidelines and all applicable NFPA Standards, and that upon completion of the installation a Certificate of Completion shall be filed with the Hingham Fire Department.

PRINT NAME (APPLICANT) and PHONE NUMBER

SIGNATURE (APPLICANT)

OFFICIAL RECEIVING APPLICATION

DATE RECEIVED