

LUDLOW FIRE DEPARTMENT

File # _____

APPLICATION FOR THE INSTALLATION/ALTERATION OF A FIRE SUPPRESSION SYSTEM

In accordance with the provisions of Massachusetts 527 CMR Fire Prevention Regulations 1.04 and 10.03 (8), application is hereby made for the installation/alteration of a fire suppression system at the following described location:

LOCATION: _____

CO or INDIVIDUAL NAME: _____

ADDRESS OF OWNER: _____
(STREET) (CITY OR TOWN) (STATE) (ZIP CODE)

PHONE # _____

INSTALLATION CO: _____ PHONE # _____

ADDRESS: _____
(STREET) (CITY OR TOWN) (STATE) (ZIP CODE)

INSTALLER _____ CERTIFICATION # _____

MAKE & MODEL OF SYSTEM: _____

OF NOZZLES _____ # OF FLOWS _____ FUSABLE LINK TEMP _____

K RATED EXTINGUISHER WITHIN 30' _____

System activation:

TRIPS FIRE ALARM SYSTEM _____ OPERATES GAS SHUT-OFF VALVE _____

OPERATES VENTILATION SYSTEM _____ OPERATES ELECTRIC SHUT-OFF _____

It is agreed this installation shall comply with Ludlow Fire Department Guidelines, Massachusetts State Building Code, Massachusetts Fire Prevention Regulations, Massachusetts General Laws and applicable National Fire Protection Association Standards.

(signature of applicant)

DATE _____

FEE: A permit fee of \$ 50.00 to be paid at time of application.

Upon completion call the Ludlow Fire Department between the hours of 8:30 to 4:30 Monday through Friday to schedule inspection.

Fire Department 583-8332

Permit # _____