



BENSALEM TOWNSHIP

Fire Marshal's Office

Office (215) 633-3617 • Fax (215) 633-3662

For Inspections Call (215) 633-3644



Suppression Systems Installation Permit Application

INSTALLATION COMPANY	
Company Name	_____
Contact Name	_____
Address	_____
City, State, ZIP	_____
Phone No.	_____
Fax No.	_____
Email Address	_____
FP License #	_____

OWNER INFORMATION	
Name	_____
Phone/Fax No.	_____

INSTALLATION LOCATION	
Address	_____
Business Name	_____
Phone/Fax No.	_____

CERTIFICATION IN LIEU OF OATH		
I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.		
_____	_____	_____
Name	Signature	Date

Check All That Apply

INSTALLATION	SPRINKLER	SPRINKLER TYPE	WATER SUPPLY	SYSTEM DESIGN
<input type="checkbox"/> New	<input type="checkbox"/> Complete	<input type="checkbox"/> Wet	<input type="checkbox"/> UG Fire Main	<input type="checkbox"/> Hydraulic Design
<input type="checkbox"/> Addition	<input type="checkbox"/> Partial	<input type="checkbox"/> Dry	<input type="checkbox"/> Hydrant	<input type="checkbox"/> Pipe System
<input type="checkbox"/> Repair	<input type="checkbox"/> Spray Booth	<input type="checkbox"/> Preaction		
<input type="checkbox"/> Alteration/Repair		<input type="checkbox"/> Deluge	FIRE PUMP	STANDPIPE
		<input type="checkbox"/> Anti-Freeze	<input type="checkbox"/> Diesel	<input type="checkbox"/> Wet
		<input type="checkbox"/> Combination	<input type="checkbox"/> Electrical	<input type="checkbox"/> Dry

Check All That Apply

<input type="checkbox"/> Existing Building	<input type="checkbox"/> New Construction	<input type="checkbox"/> Low Hazard		
<input type="checkbox"/> High Piled Storage	<input type="checkbox"/> In Racks	<input type="checkbox"/> Ordinary Hazard	<input type="checkbox"/> Class 1	<input type="checkbox"/> Class 2
<input type="checkbox"/> ESFR	<input type="checkbox"/> ELO	<input type="checkbox"/> Extra Hazard	<input type="checkbox"/> Class 1	<input type="checkbox"/> Class 2

SPRINKLER	
Building Size _____ sq ft	Total No. Heads _____
No. of Stories _____	Density _____ gpm/sf
No. of Risers _____	Design Area _____ sq ft
FDC size _____	Building Use _____
	Orifice Size (in.) _____
	"K" Factor _____
	Temp. Rating _____

Project Cost \$ _____

Interconnecting to other systems: _____

Monitoring company name and phone number: _____

STANDPIPE	
Class of System: _____	No. of Risers: _____
No. of Outlets Interconnecting to Other Systems: _____	Outlet Size (in) _____

UNDERGROUND/HYDRANTS	
Size of Water Main: _____	Total Length of Piping: _____
Size of Piping to Hydrants: _____	No. of Hydrants: _____
Manufacturer of Hydrant: _____	

FIRE PUMP	
Make: _____	Capacity of Pump: _____
Model: _____	Rating of Pump: _____

APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO	_____
FEES: \$ _____	_____
	Signature of Fire Official
	Date

Notes: _____