

Application must be filled out in ink.

**APPLICATION FOR SPRINKLER/FIRE SUPPRESSION PERMIT**

Town of Lisbon Building Department  
 1 Newent Road, Lisbon, CT 06351  
 Tel.: 860-376-8291 Fax: 860-376-6545

COMMERCIAL \_\_\_\_\_

RESIDENTIAL \_\_\_\_\_

JOB LOCATION \_\_\_\_\_ DATE \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ TELEPHONE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CONTRACTOR'S NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

CONTRACTOR'S ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

LICENSE TYPE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

DESCRIPTION OF WORK \_\_\_\_\_

PLANS SUBMITTED \_\_\_\_\_ APPROVED BY LOCAL FIRE MARSHAL \_\_\_\_\_

TYPE OF WORK: NEW \_\_\_\_\_ ALTERATION \_\_\_\_\_ REPAIR \_\_\_\_\_ ADDITION \_\_\_\_\_

EXTINGUISHING AGENT: SPRINKLER SYSTEM \_\_\_\_\_ SUPPRESSION SYSTEM \_\_\_\_\_

AREA OF COVERAGE \_\_\_\_\_ S.F. DENSITY \_\_\_\_\_ SPACING \_\_\_\_\_

K FACTOR \_\_\_\_\_ HEAD SIZE \_\_\_\_\_ HOSE ALLOWANCE \_\_\_\_\_

TYPE AND NUMBER OF HEADS: PENDENTS \_\_\_\_\_ UPRIGHTS \_\_\_\_\_ TOTAL \_\_\_\_\_

WATER SUPPLY: STATIC PRESSURE \_\_\_\_\_ RESIDENTIAL PRESSURE \_\_\_\_\_

WATER FLOW \_\_\_\_\_ SIZE OF SUPPLY LINE \_\_\_\_\_

REMARKS \_\_\_\_\_

All work covered under this permit has been authorized by the owner or agent of this property and will be done in accordance with all current NFPA and building codes as amended by the State of Connecticut. No work shall commence until this application is filed with the Building Department and a permit is issued.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE PRINT NAME \_\_\_\_\_

Estimated Value of Work	\$ _____
Permit Fee	\$ _____
Education Fee	\$ _____
Total Fee	\$ _____

APPROVED BY \_\_\_\_\_, Building Official