

Springfield Township Office of the Fire Marshal 1510 Paper Mill Road Wyndmoor, PA 19038 215-836-7600

FIRE ALARM PERMIT APPLICATION INSTALLATION / MODIFICATIONS FEE: \$105 Non-Residential

Fire Suppression System:	Type:	Alarm System:	Type:
Location:			
Applicant:	Te	elephone No:	
Applicant's Address:			
Property Owner:	O\	wners Address:	
Type of System:			
Product Manufacturer:			
Contractor:			
Name of Electrical Inspection Age	ncy:		
Describe Battery Back-up System:	1		
Name, Address & Phone No. of Cor	mpany Providing	Testing and/or Maintena	ance Service:
Describe all Auto Detection/Initia	ting Devices (inc	lude Number Installed, B	rand Name, Model
Number & Type):			
Describe Audible Alarms:			
Describe Control Panel, Annunciat	or Panel		
Describe Verification Feature:			
Applicant Must Provide:			
☐ Plans ☐ Cut	Sheets, Specs		
□ Certification Th	nat System Meets	NFPA Standards	
☐ Operators Manu	ual at Panel		
☐ Cont. Mat. & T	est Certification		
Applicant's Signature:		Date:	
Print Name:			
Approved by:		Date:	