

Fire Suppression System Application

Project Address (Required): _____ **Lot/Suite #** _____
(Street Number & Name and/or Parcel Number)

Tenant or Project Name: _____

Reference Building Permit Number (if applicable): _____

OT Review <input type="checkbox"/> Requested

Contact Information (email and phone are required information):

Section 1	Applicant/Contact Information	Contractor Information
	Company Name:	Company Name:
	Individual Name:	Name of Qualified Individual:
	Address:	NV State Contractor License #:
	City/State/Zip:	NV State Fire Marshal's License #:
	Email:	Address:
	Phone:	City/State/Zip:
		Email:
	Phone:	

Section 2	<p>System / Floor / Description:</p> <p>_____</p> <p>Scope of Work:</p> <p>_____</p> <p>Select (1) of the following permit types:</p> <p><input type="checkbox"/> Fire Pump (Note: Fire pump fuel tanks require a separate permit)</p> <ul style="list-style-type: none"> • Pick one: _____ New Installation _____ Modification to an Existing System • Is there a pressure-reducing station? _____ (Yes or No) • How many fire pumps are you submitting for? _____ Quantity <p><input type="checkbox"/> Standpipe or Dwelling Standpipe (Note: Each system required its own permit)</p> <ul style="list-style-type: none"> • Pick one: _____ New Installation _____ Modification to an Existing System • Is there a dry pipe valve? _____ (Yes or No) • Is there a pressure-reducing station? _____ (Yes or No) • How many hydraulic calculations are included? _____ Quantity • How many standpipe outlets are there? _____ Quantity <p><input type="checkbox"/> Clean Agent (Mechanical)</p> <p><input type="checkbox"/> Commercial Underground</p> <p><input type="checkbox"/> Dry Chemical</p> <p><input type="checkbox"/> Dwelling Underground</p> <p><input type="checkbox"/> Flow Test for Sprinkler Design (Private Hydrants)</p> <p><input type="checkbox"/> Hydraulically Modeled Fire Flow</p> <p><input type="checkbox"/> Water Tank</p> <p><input type="checkbox"/> Wet Chemical or Kitchen Hood</p>
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