

FIRE PROTECTION SYSTEMS PERMIT APPLICATION

Lower Southampton Township Fire Marshal's Office

1500 Desire Ave • Feasterville, PA 19053 • Phone 215-357-7300 ext.311 • Fax 215-357-6036

Permit #:	Township Contractor Registration #:
Application Date:	Applicant Name:
Address Where Work is Being Performed:	
Property Owner:	Phone #:
Business Owner:	Phone #:
Contractor Performing Work:	
Contractor Business Address:	Phone #:

FIRE ALARM and DETECTION SYSTEM

Two Copies of Plans and One Set of Original Equipment Data Sheets:			
Alarm Monitoring Provider:	Phone #:		
Type of Installation (circle one)	New	Addition	Repair/Alteration
# of Alarm Devices to Be Installed:			
Description of Work:			

AUTOMATIC SPRINKLER SYSTEM

Two Copies of Plans and One Set of Original Equipment Data Sheets:			
Type of Installation (circle one)	New	Addition	Repair/Alteration
# of Sprinkler Heads To Be Installed:			
Fire Alarm Company:	Phone #:		
Description of Work:			

ALTERNATIVE AUTOMATIC FORE EXTINGUISHING SYSTEMS

Two Copies of Plans and One Set of Original Equipment Data Sheets:			
Type of Installation (circle one)	New	Addition	Repair/Alteration
Fire Alarm Company:	Phone #:		
Description of Work:			

FOR OFFICIAL USE ONLY

REMARKS:	
Plan Review Completed Date:	Permit Fee:
The above application has been approved by:	Date: