

For office use only: DATE ISSUED _____ PERMIT # _____ VALUE \$ _____ FEE \$ _____ CHECK _____ CONTROL# _____

CITY OF WEST HAVEN APPLICATION FOR FIRE PROTECTION SYSTEM PERMIT



HOUSE # _____ STREET _____
Project name or Tenant Name: _____

Property Owner's Name _____ Signature: _____
Property Owner's Mailing Address: _____

Contractor _____ LICENSE # _____ TYPE _____
Contractor's Address _____
Contractor's Phone _____ Email _____ Total Value of Work _____

Design Professional _____ LICENSE # _____ PE _____ Layout Tech _____
Address _____
Phone _____ Email _____

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Total value of work: \$ _____ Fee: \$ _____ Final Cert of Approval \$ _____ Total \$ _____ App. Date: _____
Building Official Approval: _____ Date: _____ FM Approval: _____ Date: _____

The undersigned owner or authorized agent applies for a permit to install a fire protection system in accordance with the laws and ordinances of the City of West Haven CT and the Connecticut General Statutes, the CT State Building Code, and the CT State Fire Safety Code and intends to comply with same. permits are issued to the owner in fee, and compliance with all regulations is the responsibility of the owner in fee of the subject parcel.

I hereby swear that the this application is authorized by the owner in fee and that said applicant is authorized by the owner in fee to make said application.
Personally Appeared _____ Authorized agent for: _____ Owner
Who made oath that the statements herein were true and correct before me this _____ day of _____
Notary Public _____ My Commission Expires: _____

CITY OF WEST HAVEN APPLICATION FOR FIRE PROTECTION SYSTEM PERMIT



System Type:

NFPA-13___ NFPA13-D___ NFPA-13-R___ Kitchen Hood Suppression___ Standpipe System ___ Fire Pump___ Other_____

Wet___ Dry ___ Pre-action _____ Deluge ___ Chemical _____

Fire Pump type:_____ Fuel: _____ Back up Emergency Generator: _____ GPM: _____ Other: _____

of Risers: _____ Riser Size: _____ Hand Hose Outlets: _____ Type of alarm: _____

Monitoring type; _____ FD Connection : *See Fire Marshal for instructions*

Water Supply:

Public___ Size of water lateral pipe: _____ Existing___ Proposed: _____ Private___ Gallons of tank storage: _____

Building Information:

Use Group: _____ Construction Class: _____

Building Size: Square Foot: _____ Stories: _____ Occupancy Hazard Classification: _____

Commodity Classes Protected: _____

Document Check List:

- | | |
|---|---|
| _____ Stamped Plans | _____ Manufacturer's specification sheets on all proposed devices |
| _____ Owners Certificate (Statement of use and commodity) | _____ Evidence of Workers Comp Insurance |
| _____ Design Specifications | _____ Fire Marshal Approval Letter |
| _____ Hydraulic Calculations | _____ Kitchen Hood drawing |

List drawing numbers and dates _____

Remarks:

OWNER'S INFORMATION CERTIFICATE

Name/address of property to be protected with sprinkler protection:

Name of owner: _____

Existing or planned construction is:

- Fire resistive or noncombustible
- Wood frame or ordinary (masonry walls with wood beams)
- Unknown

Describe the intended use of the building: _____

Note regarding speculative buildings: The design and installation of the fire sprinkler system is dependent on an accurate description of the likely use of the building. Without specific information, assumptions will need to be made that will limit the actual use of the building. Make sure that you communicate any and all use considerations to the fire sprinkler contractor in this form and that you abide by all limitations regarding the use of the building based on the limitations of the fire sprinkler system that is eventually designed and installed.

Is the system installation intended for one of the following special occupancies:

- | | | |
|---------------------------------|------------------------------|-----------------------------|
| Aircraft hangar | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fixed guideway transit system | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Race track stable | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Marine terminal, pier, or wharf | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Airport terminal | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Aircraft engine test facility | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Power plant | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Water-cooling tower | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "yes," the appropriate NFPA standard should be referenced for sprinkler density/area criteria.

Indicate whether any of the following special materials are intended to be present:

- | | | |
|---------------------------------------|------------------------------|-----------------------------|
| Flammable or combustible liquids | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Aerosol products | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nitrate film | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pyroxylin plastic | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Compressed or liquefied gas cylinders | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Liquid or solid oxidizers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Organic peroxide formulations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Idle pallets | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "yes," describe type, location, arrangement, and intended maximum quantities.

Indicate whether the protection is intended for one of the following specialized occupancies or areas:

- | | | |
|--|------------------------------|-----------------------------|
| Spray area or mixing room | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Solvent extraction | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Laboratory using chemicals | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Oxygen-fuel gas system for welding or cutting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Acetylene cylinder charging | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Production or use of compressed or liquefied gases | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Commercial cooking operation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Class A hyperbaric chamber | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cleanroom | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Incinerator or waste handling system | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Linen handling system | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Industrial furnace | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Water-cooling tower | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "yes," describe type, location, arrangement, and intended maximum quantities.

Will there be any storage of products over 12 ft (3.7 m) in height? Yes No

If the answer is "yes," describe product, intended storage arrangement, and height.

Will there be any storage of plastic, rubber, or similar products over 5 ft (1.5 m) high except as described above?

Yes No

If the answer is "yes," describe product, intended storage arrangement, and height.

Is there any special information concerning the water supply? Yes No

If the answer is "yes," provide the information, including known environmental conditions that might be responsible for corrosion, including microbiologically influenced corrosion (MIC).

I certify that I have knowledge of the intended use of the property and that the above information is correct.

Signature of owner's representative or agent: _____ Date: _____

Name of owner's representative or agent completing certificate (print): _____

Relationship and firm of agent (print): _____

This application for a fire protections system permit is governed by the current applicable CT State Statutes, CT State Building and Fire Codes, as amended, and applicable ordinances enacted by the City of West Haven.

MUNICIPAL ORDINANCE 81-8 Taxes Due

No building application shall be approved by the West Haven Building Department, (WHBD) if it is determined by the WHBD that there are delinquent taxes or sewer use charges against the property for which the application is made; the applicant is to provide to the WHBD a statement from the Office of the Tax Collector that the owner of the property for which an application is made has entered into a payment program approved by the Tax Collector to pay off the delinquent taxes or sewer use charges which may be due. As used in this section the term "building application" shall include any application for a building permit, plumbing, mechanical or electrical permit. : The Building Official shall not issue a permit where taxes are due on the subject property.

CT State Building Code:
States in part and material relevance:

Section 105.3.1 ACTION ON APPLICATION reads in part: “The Building Official shall examine or cause to be examined application for permits and amendments thereto within 30 days after filing and either issue or deny a permit within such 30 day period. If the application or construction documents do not conform to the requirements of this code and pertinent laws, the Building Official shall reject such application in writing stating the reasons therefore.”

Section 105.3.1.1 ZONING APPROVAL reads in part: “No Building Permit shall be issued in whole or in part for a building use or structure subject to the zoning regulations of the municipality without certification in writing by the official charged with enforcement of such regulations that such building, use or structure is in conformity with such regulations or is a valid non-conforming use under such regulations.”

Section 105.3.1.2 FIRE MARSHAL APPROVAL reads in part: “No Building permit for a building structure or use subject to the requirements of the 2016 CT State Fire Code, [as amended], shall be issued in whole or in part without certification in writing from the local Fire Marshal that the construction documents for such building, structure, or use are in substantial compliance with the requirements of the 2016CT State Fire Code [as amended].”

Section 107.2.2 FIRE SPRINKLER SYSTEM SHOP DRAWINGS Shop drawings for fire sprinkler system (s) shall be submitted to indicate conformance to this code and the construction documents and shall be approved prior to the start of the system installation. Shop drawings shall contain all information as required by the referenced installation standards in Chapter 9. Such documents shall be accompanied by evidence of licensure by the state pursuant to section 29-263ah of the CT General Statutes.