

MUNICIPALITY:

COUNTY:



**FIRE PERMIT APPLICATION**  
INSPECTIONS AS PER ACT 45 OF THE UCC  
INSPECTIONS CALL 610-395-3827 EX: 1  
P.O. Box 423, Orefield, Pa. 18069

TRACKING # \_\_\_\_\_ PERMIT # \_\_\_\_\_ DATE \_\_\_\_\_

Use of Structure \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

PHONE NUMBERS: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street Number and Name

City

State

Zip

Phone #s Office: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Water supply source: \_\_\_\_\_

Job Site Address: \_\_\_\_\_

Method of system supervision: \_\_\_\_\_

Storage Tanks

Flammable Liquid

LPG

Combustible Liquid: \_\_\_\_\_

LNG

Capacity: \_\_\_\_\_

Fuel: \_\_\_\_\_

Alarm System

\_\_\_\_\_ # Alarm devices (smoke, heat detectors, pull stations, water flow)

\_\_\_\_\_ # Supervisory devices (tamper, low / high air)

\_\_\_\_\_ # Signaling devices (horns, strobes, bells)

\_\_\_\_\_ # Other devices

Suppression Systems: \_\_\_\_\_

# Fire pump \_\_\_\_\_ GPM \_\_\_\_\_

Type: \_\_\_\_\_

# Dry pipe/alarm valves \_\_\_\_\_

# Pre-action valves \_\_\_\_\_

# Sprinkler heads (dry + wet) \_\_\_\_\_

# Standpipes \_\_\_\_\_

Pre-Engineered Systems:

Wet chemical

Dry chemical

CO2 suppression

Foam suppression

Kitchen hood system

Other: \_\_\_\_\_

Smoke control system

Gas fired appliances

Oil fired appliances

Other: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

*Print and Sign*

Attach a detailed description of work to be performed

COMMERCIAL ONLY