



TOWN OF GREENLAND, NH

11 Town Square – PO Box 100
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Application for **FIXED FIRE SUPPRESSION SYSTEM** Permit

PROPERTY OWNER(S)	
NAME	
ADDRESS	MAP LOT
PHONE	EMAIL ADDRESS
ADDRESS OF PROJECT	
APPLICANT OR CONTRACTOR	
NAME	
COMPANY	
ADDRESS	
CITY/STATE/ZIP	
PHONE	EMAIL ADDRESS
SYSTEM DESIGN BASIS	
NFPA: [] 13, [] 13D, [] 13R, [] 14, [] Pre-Action, [] Deluge, [] Clean Agent Other: _____	
[] Wet [] Dry Hydraulic Calc.	Pipe Schedule
Is there an anti-freeze loop? [] Y [] N What type anti-freeze?	
Area of Building Protected	square feet NFPA Hazard Classification
System design at base of riser	GPM
EXISTING SYSTEM RENOVATIONS	
Heads being [] moved [] changed [] eliminated	
Quantity of each _____ moved _____ changed _____ eliminated	
Description of renovations:	
REQUIRED SUBMISSIONS	
INCLUDE DRAWINGS, CALCULATIONS AND EQUIPMENT SPECIFICATIONS WITH APPLICATION	
SIGNATURES	
All work must conform to the State of NH Building and Fire Codes (International Building & Residential Codes [2009 editions]) as well as current local building and zoning regulations. Work must commence within 180 days or permit becomes void. [R105.5]	
Applicant Signature	Date
** OFFICE USE ONLY **	
Application Received By	Date
[] Approved [] Denied	
Building Inspector	Date
PERMIT NO.	Amt \$ _____ Ck # _____ Date _____ Rec By _____
[] MTHLY [] VISION	