



CITY OF SALEM

FIRE DEPARTMENT - FIRE PREVENTION BUREAU

48 Lafayette St.,

Salem, Massachusetts 01970

Fee Due \$50.00

Rec'd by _____

Ck.# _____ Cash _____

_____, 19____
(Date)

FIXED FIRE EXTINGUISHING SYSTEM

*Ansul or FP 200 Systems
(Restaurants)*

APPLICATION FOR APPROVAL OF PLANS:

To: HEAD OF FIRE DEPARTMENT

Name of System: _____

System Size or Number: _____

Extinguishing Agent: _____

In accordance with the provisions of the Massachusetts State Building Code and the Salem Fire Code, application is hereby made for approval of plans for the installation of Fire Protection devices.

LOCATION: _____

BUSINESS NAME: _____ Tel. # _____

INSTALLER: _____ LICENSE # _____

INSTALLERS ADDRESS _____ TEL. # _____

Plans are approved solely for identification of type and location of devices.

Installation subject to final inspection and filing of Certificate of Completion.

** INSTALLER MUST PROVIDE A COPY OF HIS/HER CERTIFICATE.

Date approved: _____ (Signature of applicant)

Date of expiration _____ (Address)

Phone # _____



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FEE PAID \$50.00

PERMIT TO INSTALL:

Fixed Fire Extinguisher System

Date _____

Name of System: _____

System Size or Number: _____

Extinguishing Agent: _____

Business Name _____

Installers Name _____

Permit is hereby granted based on approved plans, to install the system designated above. All plans are approved solely for identification of type and location of fire protection devices. All plans are subject to approval of any other authority having jurisdiction and issuance of a permit by said authority. Upon completion, the

** Installer shall request a test and file a Certificate of Completion or Inspection.

LOCATION: _____

(Give location by street and no., or describe in such manner as to provide adequate identification of location)

(Signature of official granting permit)

This permit will expire _____

(THU)

(THIS PERMIT MUST BE CONSPICUOUSLY POSTED UPON THE PREMISES.)