



# CITY OF SALEM

FIRE DEPARTMENT - FIRE PREVENTION BUREAU  
29 Fort Avenue  
Salem, Massachusetts 01970-5232  
(978) 745-7777

Fee Due \$50.00

Rec'd by: \_\_\_\_\_

Ck. # \_\_\_\_\_

\_\_\_\_\_  
(Date)

## APPLICATION FOR APPROVAL OF PLANS:

To: HEAD OF FIRE DEPARTMENT

Form #81E: Sprinkler and/or  
Standpipe System

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. Sprinkler Systems

LOCATION: \_\_\_\_\_

OWNER OR OCCUPANT: \_\_\_\_\_ Tel. # \_\_\_\_\_

INSTALLER: \_\_\_\_\_ License # \_\_\_\_\_

INSTALLER'S 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.

Date approved: \_\_\_\_\_ (Signature of applicant)

Date of expiration: \_\_\_\_\_ (Address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do not write below this line

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## PERMIT TO INSTALL:

Date \_\_\_\_\_

Sprinkler and/or Standpipe System

Owner's Name: \_\_\_\_\_

Installer's 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)

NOTICE: CONTRACTOR TO REQUEST FINAL INSPECTION.

\_\_\_\_\_  
(Signature of official granting permit)

This Permit will expire \_\_\_\_\_ (Title)

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