

**James A. Burkush
Chief of Department**



**City of Manchester
Fire Department
Fire Prevention Bureau**

APPLICATION FOR INSTALLATION OF SPRINKLER SYSTEM

Project Address: _____
Project Name and/or Building # : _____
Owner's Name: _____
Address: _____
Phone #: _____
Installer's Name: _____
Installer's Address: _____
Installer's Phone #: _____ **Fax#** _____
Designer's Name: _____
Designer's Address: _____
Designer's Phone # : _____
N.I.C.E.T. Certification # : _____

(Fire Department use only)

Date Received

Application #

Date Reviewed

Date Approved

Check Received and Check #

Type of Building: _____
Type of Occupancy: _____
Number of Stories: (Including Basement) _____ **Total Floor Area:** _____
Manufacturer of Equipment: _____
of Valves: _____ **Post Indicating Valve:** _____
Flow Alarms: _____ **Wall Post Indicating Valve:** _____
of Heads & Temperature: _____ **# Tamper Switches:** _____
Name of Fire Alarm Installer: _____ **#Low Pressure Switches:** _____
Type of Connection to MFD Headquarters: _____

Provide the Following With Application:

_____ Plot Plan _____ Floor Plans _____ Standpipe Calculation
_____ One Line Riser Diagram Showing Proposed Zoning _____ Sprinkler Hydraulic Calculation

Equipment must be installed in accordance with N.F.P.A. and Manchester Fire Department Rules and Regulations governing sprinkler systems and manufacturers installation instructions. Permits and Inspections shall be required for all new installations and to any work or modification to an existing sprinkler system.

Application is hereby made for approval for the installation of sprinkler system.

Date: _____

Signature of Owner or Applicant