

Manufacturer: _____ Model: _____

Quantity of Extinguishing Agent: _____ Name of Agent: _____

Connected to Building Fire Alarm: Y or N Required: Y or N

Multiple Hood Suppression Systems: Y or N If Yes, How Many: _____

Nozzles and Type: _____

Fusible Links: _____ Link Temperature(s): _____

INDICATE THE HAZARD AND APPLIANCES TO BE PROTECTED:

<u>Appliance(s) Protected</u>	<u>Appliance Fuel Source</u>		
_____	Gas <input type="checkbox"/>	Electric <input type="checkbox"/>	Other <input type="checkbox"/> _____
_____	Gas <input type="checkbox"/>	Electric <input type="checkbox"/>	Other <input type="checkbox"/> _____
_____	Gas <input type="checkbox"/>	Electric <input type="checkbox"/>	Other <input type="checkbox"/> _____
_____	Gas <input type="checkbox"/>	Electric <input type="checkbox"/>	Other <input type="checkbox"/> _____
_____	Gas <input type="checkbox"/>	Electric <input type="checkbox"/>	Other <input type="checkbox"/> _____
_____	Gas <input type="checkbox"/>	Electric <input type="checkbox"/>	Other <input type="checkbox"/> _____
_____	Gas <input type="checkbox"/>	Electric <input type="checkbox"/>	Other <input type="checkbox"/> _____
_____	Gas <input type="checkbox"/>	Electric <input type="checkbox"/>	Other <input type="checkbox"/> _____

Note: The issuance of a permit based upon plans specifications, data and other reports shall not prevent the Town of Gates from thereafter requiring correction of deficiencies. Any deficiencies found during field inspection, testing, or Fire Marshal surveys must also be corrected.

All work shall comply with all applicable codes and standards, including the NYS Fire Prevention and Building Code, NFPA 96 and the Code of the Town of Gates.

The completed installation shall pass a visual inspection and complete operating test witnessed by a representative of the Office of the Fire Marshal. **Fire alarm systems shall be fully pre-tested and fully functional prior to scheduling inspections.** (A fee of \$50.00 will be charged for each re-inspection)

Please call the Office of the Fire Marshal at least 24 hours in advance to schedule inspections or tests.

Contractors Certificate of Completion shall be provided to the Town of Gates at the end of the test.

PROJECT NARRATIVE: (Including specific scope and location of work)

A PERMIT SHALL NOT BE ISSUED WITHOUT COPIES OF THE FOLLOWING:

Included

Drawings – 3 Copies (stamped and signed by an Architect or Engineer)

^{n/a} Equipment Cut – Sheets