

# EXTINGUISHING SYSTEMS/RANGE HOOD APPLICATION

In accordance with the Code of the Town of Gates and the NYS Fire Code, no permit-required work will begin prior to the issuance of proper permits and/or approvals by the Town of Gates. All work shall comply with all applicable codes and standards, including the NYS Fire Prevention and Building Code for the design criteria, NFPA 72 and the Code of the Town of Gates.

## Town of Gates

Office of the Fire Marshal  
 1605 Buffalo Road  
 Rochester, NY 14624  
 (585) 247-6100  
 (585) 426-8581 Fax  
 www.townofgates.org



**All fields must be completed. If not applicable, please mark with N/A**      **Date:** \_\_\_\_\_  
UNSIGNED APPLICATIONS WILL BE RETURNED

### SITE INFORMATION

<b>BUILDING/SITE NAME:</b>
<b>BUILDING/SITE ADDRESS:</b>
<b>MAILING ADDRESS:</b>

WILL THE AREA OF THIS WORK BE TENANT OCCUPIED? YES       NO  (If yes, fill in the information field below)

### OCCUPANT / TENANT INFORMATION

<b>TENANT NAME:</b>
<b>ADDRESS:</b>

### APPLICANT INFORMATION

<b>BUISNESS NAME:</b>		
<b>ADDRESS:</b>		
<b>PHONE#:</b>	<b>FAX#:</b>	<b>E-MAIL:</b>
<b>CONTACT NAME:</b>		
<b>SIGNATURE:</b>		

### (SUB) CONTRACTOR PERFORMING WORK

(CONTRACTOR PERFORMING WORK MUST HAVE WORKMEN'S COMPENSATION INSURANCE CERTIFICATE ON FILE IN THE BUILDING DEPT. NAMING THE TOWN OF GATES AS ADDITIONAL INSURED)

<b>NAME:</b>		
<b>ADDRESS:</b>		
<b>PHONE#:</b>	<b>FAX#:</b>	<b>E-MAIL:</b>
<b>ON SITE CONTACT NAME:</b>		<b>CELL PHONE#:</b>

DOES THIS WORK INVOLVE MORE THAN ONE EXTINGUISHING SYSTEM?    YES     NO     TOTAL # of Systems \_\_\_\_\_

**PURPOSE:** Installation  Addition  Alteration  Repair

IS THIS A REPLACEMENT OF AN EXISTING SYSTEM? YES     NO     **PERMIT FEE \$150.00**

Submittal of plans and payment of fees does not imply Permission or permit by the Town of Gates for project design or commencement of work.

**APPROVED PLANS AND A COPY OF THE PERMIT MUST BE KEPT ON SITE DURING CONSTRUCTION.**

### TYPE OF SYSTEM: (check the one most applicable)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> FM 200 System              | <input type="checkbox"/> Halon System          | <input type="checkbox"/> Carbon Dioxide                                 |
| <input type="checkbox"/> Wet Chemical               | <input type="checkbox"/> Inert Gas - Other     | <input type="checkbox"/> Foam   |
| <input type="checkbox"/> Dry Chemical               | <input type="checkbox"/> Inergen               | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Wet Chemical & Sprinklered | <input type="checkbox"/> Sprinklered Rangehood | <input type="checkbox"/> Deep Fat Fryer (Pre-Engineered/Self Contained) |

Central Reporting Company \_\_\_\_\_ (continued on reverse)

**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.

The completed installation shall pass a visual inspection and complete operating test of the system devices witnessed by a representative of the Fire Marshal's office. **Extinguishing 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.

Indicate the Type of Hazard to be Protected: \_\_\_\_\_

Extinguishing Agent: \_\_\_\_\_ Quantity of Agent: \_\_\_\_\_

System Coverage Area/Volume: \_\_\_\_\_

System Location: \_\_\_\_\_

Control Panel Location: \_\_\_\_\_

Initiation/Activation Devices: \_\_\_\_\_

Abort/Shut-Down Devices: \_\_\_\_\_

Manual Activation Location: \_\_\_\_\_

Interconnection to Fire Alarm: Y or N

Central Reporting: Y or N

**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.

(Continued on reverse)

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

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**BUILDING OCCUPANCY CLASSIFICATION \_\_\_\_\_**

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

*Included*

- Drawings – 2 Copies (stamped and signed by an Architect or Engineer)
- <sup>n/a</sup>  Equipment Cut – Sheets
- Calculations