WEST CONSHOHOCKEN BOROUGH
112 Ford Street
West Conshohocken, PA 19428
OFFICE: 610-828-9747 FAX: 610-828-9646

APPLICATION FOR SPRINKLER/FIRE SUPPRESSION/FIRE ALARM

Date Submitted: _____

Site Address (Suite #/Apt #): _____

Contractor's Name: _____

Contractor's Address: _____

Contact Person: _____ Business Phone #_____

Cell Phone # _____ Email Address _____

Estimated Value of Improvement: $_____

Permit Use Group: ☐ Office ☐ Commercial ☐ Residential ☐ Apartment Unit

Description of Work: _____

_____

_____

Enclosed with this application are the following documents:

☐ Riser diagrams and calculations for all new and modifications of existing fire alarm systems
☐ Cut sheet on all devices to be installed.
☐ Cut sheet on riser, back flow prevention, pressure reducing valves, standpipe valves and FD connections
☐ Hydraulic Calculations & Accompanying Plans

For Office Use Only

☐ Registration Permit Fee: _____

_____$ 4.50 UCC Fee

_____ Total

_____
Authorizing Signature