City of Concord, New Hampshire
Community Development Department

FIRE PREVENTION PERMIT APPLICATION

Date _____ Building Permit # _____ Project # _____ **Permit #** _____

Project Address _____ Job Site Telephone # _____

Owner Name _____ Owner Address (**include City or Town / State / Zip**) _____

Contractor Name _____ Contractor Address (**include City or Town / State / Zip**) _____

Contractor Phone: Office _____ Cell _____

E-Mail _____

	Quantity	Fee
Sprinkler System		
Sprinkler System Modification		
Extinguishing System (specify type)		
Suppression System - gasoline pumps - self serve		
Commercial Cooking Vent/Hood		
Cooking Suppression System		
Fire Alarm System		
Fire Alarm Modification		
Fire Pump Installation		
Other		

Application Fee $ 20.00

NOTE: 2 sets of plans required for review.

TOTAL $ _____

FOR FIRE PREVENTION OFFICE USE ONLY

Paid by: Cash _____

Check# _____

Credit (Auth.#) _____

~CONTRACTOR MUST BE PRESENT FOR INSPECTION~

Applicant certifies that all information given is correct and true and that all work performed will comply with all applicable City of Concord and State of New Hampshire Codes. Please contact the **Fire Prevention Office at 225-8651** to schedule an inspection no less than 72 hours prior to the date and time your project will be ready to inspect.

Allow 7 to 10 days for response and/or issuance of permit

Applicant Signature _____ Applicant Name (**Print**) _____