



CITY OF CONCORD, NEW HAMPSHIRE
Community Development Department



FIRE PREVENTION PERMIT APPLICATION

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

_____ 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)