



Zionsville Fire Department

Fire Protection Permit Application

Fire Prevention Division
 1100 W. Oak St.
 Zionsville, Indiana 46077
 Office (317) 873-5358 Fax (317) 733-3022

~This application must be completed, all required items and fees submitted in order to be processed~

| Project Information | |
|--|---------------------------|
| Project Name: | |
| Project Address: | |
| City, State and Zip Code: | |
| State Project Number: | |
| General Description of Work: | |
| Fire Protection Contractor | General Contractor |
| Last Name, First Name | Last Name, First Name |
| Company Name: | Company Name: |
| Street Address: | Street Address: |
| City, State and Zip Code: | City, State and Zip Code: |
| Telephone Number: | Telephone Number: |
| E-mail Address: | E-mail Address: |
| 1. Type of Submittal (Check all that apply) | |
| <input type="checkbox"/> Automatic Sprinkler System (Complete Section 2A, 2B and Section 3) | |
| <input type="checkbox"/> New Installation (<input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D) | |
| <input type="checkbox"/> Existing System Modification <small>(If modifications will change the system type, hazard classification or hydraulic design of the system submit hydraulic calculations.)</small> | |
| <input type="checkbox"/> Fire Alarm System (Complete Section 2C and Section 3) | |
| <input type="checkbox"/> New Installation (<input type="checkbox"/> Central Station <input type="checkbox"/> Proprietary Supervising Station) | |
| <input type="checkbox"/> Existing System Modification | |
| <input type="checkbox"/> Special Hazard Fire Suppression System (Complete Section 2D and Section 3) | |

2. System Information

A.) Automatic Fire Sprinkler Systems

Required for review - (One set of shop drawings, hydraulic calculations, specification sheets and CDR.)

| | | | |
|--|--|--|--|
| Hazard Classification: <input type="checkbox"/> Light Hazard <input type="checkbox"/> Ordinary Hazard I <input type="checkbox"/> Ordinary Hazard II <input type="checkbox"/> Extra Hazard I <input type="checkbox"/> Extra Hazard II | | Type of System: <input type="checkbox"/> Wet Pipe <input type="checkbox"/> Dry Pipe <input type="checkbox"/> Pre-action <input type="checkbox"/> Deluge | |
| Design Density: | | Maximum Coverage Area per Head: | |
| Coverage Area of the Most Demanding Head: | | Ceiling Height: | <input type="checkbox"/> Obstructed Construction <input type="checkbox"/> Unobstructed Construction |

B.) Water Supply Data

Testing Location:

| | | | | |
|-------------------------|---------------------------|--------------|----------------------|--------------|
| Static Pressure: | Residual Pressure: | Flow: | Performed By: | Date: |
|-------------------------|---------------------------|--------------|----------------------|--------------|

C.) Fire Alarm System

Required for review - (One set of shop drawings, specification sheets and CDR.)

| | |
|--|---|
| Type of System: <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | Audible Alert: <input type="checkbox"/> Three Pulse Temporal <input type="checkbox"/> Voice Evacuation |
| Number of Fire Alarm Annunciation Zones = | |
| Fire Safety Functions: <input type="checkbox"/> Fire Door Closure <input type="checkbox"/> Shutdown HVAC <input type="checkbox"/> Recall Elevator <input type="checkbox"/> Smoke Removal <input type="checkbox"/> Delayed Egress Doors <input type="checkbox"/> Sprinkler Water-flow Alarm <input type="checkbox"/> Special Hazard Fire Suppression System | |

D.) Special Hazard Fire Suppression System

Required for review - (One set of plans, product specification sheets and CDR.)

| | | |
|---|----------------------|-------------------------|
| Type of System: <input type="checkbox"/> Wet Chemical <input type="checkbox"/> Dry Chemical <input type="checkbox"/> Clean Agent <input type="checkbox"/> Carbon Dioxide <input type="checkbox"/> Foam | | |
| System Make: | System Model: | Amount of Agent: |

3. Permit Fee Calculation:

| | | | |
|--|--------------|--------------------------------|---------|
| Automatic Fire Sprinkler System | | | |
| New Sprinkler System Installation (Number of Risers ___ x \$100) = | | | |
| Fire Alarm System (Number of Fire Alarm Zones ___ x \$100) = | | | |
| Special Hazard Suppression System; i.e. Hood System (Number of Systems ___ x \$100) = | | | |
| Existing System Modification (no change in system type, hazard class or hydraulic design) | | | |
| Number of Risers ___ x \$75 = | | | |
| Number of Alarm Zones ___ x \$75 = | | | |
| Number of Hoods ___ x \$75 = | | | |
| Total Amount Due = | | | |
| <u>Fire Department Use Only</u> | | | |
| Date Received: | | Make Checks Payable to: | |
| | | Town of Zionsville | |
| Date Reviewed: | Received By: | Check Number: | Amount: |
| | | | |