



VERMONT DEPARTMENT OF PUBLIC SAFETY DIVISION OF FIRE SAFETY

www.vtfiresafety.org

Fire Alarm / Fire Suppression Systems Permit Application

Return this application to the appropriate Regional Office:

- Barre** -- 1311 US Route 302 – Berlin, Suite 500, Barre VT 05641; Phone: 802-479-4434
- Rutland** – 56 Howe Street, Building A, Suite 200, Rutland, VT 05701; Phone: 802-786-5867
- Springfield** -- 100 Mineral Street, Suite 307, Springfield, VT 05156-3168; Phone: 802-885-8883
- Williston** -- 372 Hurricane Lane, Suite 102, Williston, VT 05495-2080; Phone: 802-879-2300

PLEASE PRINT

Section A, Site Information: Complete for all permits

Name of Building/Site: _____

Former Building Name: _____

Physical Location: _____
(9-1-1 Address) *Number and Street name, city/town, zip code*

Name of Lessee: _____
(if business)

Building Owner Name: _____

Owner Mailing Address _____ Zip Code _____

Owner Phone Number: () _____

Section B, Project Information: Complete for all permits.

Indicate what the permit is being obtained for below,

- Fire Alarm Installation
- Fire Sprinkler System
- Special Process/Hazard Permit
- Fire Suppression System, other than sprinkler
- Other: _____

Section C, Fire Alarm: Complete for all new fire alarm installations or alterations to existing systems.

Name of Installer: _____ VT Electrical License Number _____
VT TQP Number: _____ T-1

System Features: Manual Automatic Voice Evacuation Horn/Strobe Notification
 Monitoring, indicate means: _____

Wiring Method: Class A Class B Other: _____

This application must be accompanied by the following:

- Floor plan, drawn to scale with device locations and ceiling heights indicated.
- Manufacturer's specifications and information for each type of system component being installed.

NOTE: The installer must also file an Electrical Work Notice prior to the start of the project.

*FOR OFFICE USE ONLY – DO NOT WRITE BELOW *

Site#	Project #	Received Date:	Reviewer:
Check #	Amount	Event #:	Approval Date:
Check From:			

