



Township of Upper Dublin: Office of the Fire Marshal

801 Loch Alsh Avenue, Fort Washington, PA 19034

Voice: 215.643.1600 x 3210

Fax: 215.643.8843

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FIRE ALARM PERMIT APPLICATION

Fire Alarm System must be designed in accordance with NFPA 72 and the 2009 edition of International Fire Code.

The fire alarm system design and installation shall be by a recognized Fire Alarm Contractor who is an experienced specialist in design and construction of fire alarm systems.

Fire Alarm Permit* applications must include all of the following information:

- 1. Three (3) sets of NICET Level III or IV sealed design documents/prints**
- 2. Three (3) copies of the battery calculation data report**
- 3. Cut sheets for all devices, appliances and fixtures to be installed**
- 4. Permit application form must be completed and submitted as part of the plan package**
- 5. Copy of Workers Compensation Insurance Coverage Information Form**

Certification of insurance must be submitted with Upper Dublin Township as the Certificate holder.

All required documentation and materials must be submitted as a complete package. All required fees must be paid at time of submittal.

Fire Alarm Plans that are submitted will be reviewed by either the Fire Marshal or a Third Party Agency depending upon the complexity of the system. The Fire Marshals' office will generate a transmittal sheet indicating acceptance, rejection or comments.

The Fire Alarm contractor or designee will pay any fees that are required for the review.

The Fire Marshal must be contacted to perform all required inspections as outlined by NFPA 72 during installation of the system.

Fee Schedule

The Fire Marshals' plan review and permit fee is as follows:

Residential: \$25/\$1,000 cost of construction (or any portion thereof).

Commercial: \$75 for the first \$1,000 cost of construction plus \$10/each additional \$1,000 cost of construction (or any portion thereof).

Plans that require a third party review will be invoiced directly by the Third Party Agency.

Please contact Fire Marshal Timothy Schuck with any questions.

***The [Fire Protection Systems Permit Application](#) can be found on the Internet at Upperdublin.net. Click on Code Enforcement and then select Documents & Forms.**



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 801 Loch Alsh Avenue, Fort Washington, PA 19034 215-643-1600 x3210

Fire Protection Systems Permit Application

DATE: Fee: \$ Check# Permit #:

Project Name:

Project Location / Address:

City: State: PA Zip: Tax Parcel#:

Square Footage: Number of Stories: Construction Type:

PROJECT DESCRIPTION:

FIRE ALARM SPRINKLER-COMMERCIAL SPRINKLER-RESIDENTIAL SPECIAL HAZARD
 HOOD SYSTEM FIREPLACE CLEAN AGENT OTHER
 UGS/AGS TANK NEW RETROFIT / UPGRADE

Hazard Classification:

Occupancy Type: & Use Group:

Code Set: NFPA 101 NFPA 13 NFPA 13D NFPA 13R NFPA 13 NFPA 72 NFPA 96 PA UCC
 NFPA 14 NFPA 15 Other: _____ Date of Edition: _____

Fire Alarm System Only: LOCAL CENTRAL STATION PROPRIETARY REMOTE OTHER: _____
 Note: Submit 3 sets of NICET III I IV or PE Sealed Drawings; cut sheets

Sprinkler System Only: WET DRY DELUGE PREACTION FOAM
 Note: Submit 3 sets of NICET III I IV or PE Sealed Drawings; cut sheets; Hydraulic Calculations

Hood Suppression System Only: WET CHEMICAL WATER MIST OTHER: _____
 Note: Submit 3 sets of NICET III I IV or PE Sealed Drawings; cut sheets

Special Hazard System Only: CLEAN AGENT INERT GAS OTHER: _____
 Note: Submit 3 sets of NICET III / IV or PE Sealed Drawings; cut sheets

Applicant Name: Company:

Address / City / State / Zip:

Phone: Fax: Email:

Reviewed By: DATE: / /

Upper Dublin Township

801 Loch Alsh Avenue
Fort Washington, Pa. 19034-1697
Phone: (215) 643-1600
Fax: (215) 643-8843

- Initial Permit
- Renovation Permit

Date: _____

ALARM PERMIT / REGISTRATION FORM

User Information:

Name: _____ Day Phone: (____) _____
 Address: _____ Evening Phone: (____) _____
 Address: _____
 City, State, Zip: _____

Emergency Information:

Please supply a local contact name and phone number:

Name: _____ Phone: (____) _____

List the address where the alarm device is installed:

Address: _____
 Company Name (if applicable): _____
 Suite or Floor Number: _____

Alarm Company Information:

Name of Alarm Company or Service: _____
 Address: _____ Phone: (____) - _____
 Address: _____ Fax: (____) - _____
 City, State, Zip: _____

Type of Alarm: Check all that apply:

- | | | |
|-----------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Fire | <input type="checkbox"/> Smoke |
| <input type="checkbox"/> Audible | <input type="checkbox"/> Direct | <input type="checkbox"/> Recorded |
| | <input type="checkbox"/> Carbon Monoxide | |

Cost: _____

Permit Fee: _____

Department Use: _____ Parcel #- _____ Alarm Co. #: _____

Registered on: _____ Expires on: _____

Permit #: _____