



BRISTOL TOWNSHIP

Office of the Fire Marshal

2501 Bath Road · Bristol, PA 19007 · (215) 785-0500 · Fax (215) 788-8541

SPECIAL SUPPRESSION SYSTEM APPLICATION

Date of Application: _____/_____/_____

Business name where system is being installed: _____

Business address: _____
Street Town State Zip

Business owner: _____ (_____) _____ - _____
Name Phone number

Contractor installing system: _____

Contractors business address: _____
Street Address
Town State Zip

Contractor's phone # (_____) _____ - _____ Fax # (_____) _____ - _____

Contractors Bristol Twp. registration #: _____

Description of work being performed: _____

- I understand and agree all work must be conducted, installed and completed to meet Bristol Township, IFC, and NFPA codes, as well as manufacturer's specifications and UL listing requirements.
- I understand no work can begin until this permit is approved by the Township Fire Marshal.
- I understand I must request final test/inspection at least 2 business days in advance.
- I understand if the business is equipped with a fire alarm system, the suppression system must be tied in to the fire alarm.

Contractor: _____
Print name Signature

===== **Do Not Write Below This Line** =====

Permit Fee= \$150.00 Check #: _____ Receipt # _____ Permit # _____
UCC Fee = \$ 5.00
Total permit fee = \$155.00

Permit application entered in computer by: _____ Date: _____/_____/_____

Approved for Installation: _____ Date: _____/_____/_____
Fire Official signature

Final inspection: Approved _____ Failed _____ If failed, reason- _____

Date: _____/_____/_____ Inspector: _____ Badge# _____