



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		

Non-Refundable Application Fee \$ 30.00

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 Name (Print)

_____ Applicant Signature