

# FIRE PROTECTION PERMIT APPLICATION

Township of Ridley  
100 E. MacDade Boulevard  
Folsom, Pennsylvania 19033-2511  
Phone: 610-534-4803 - Fax: 610-534-2545

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## LOCATION OF PROPOSED WORK OR IMPROVEMENT:

Site Address: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Mobil Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fire Protection Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Mobil Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

System Designer: \_\_\_\_\_ NICET / PE (state type): \_\_\_\_\_

Fax #: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

VALUE OF WORK: \$ \_\_\_\_\_. ESTIMATED START DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

## DESCRIPTION OF BUILDING USE: (*Check One*)

RESIDENTIAL:       Hotel / Dormitory / Apartment Bldg. (R-1or 2)     One and Two-Family Dwelling (R-3)

NON-RESIDENTIAL and R-4: Specific Use: \_\_\_\_\_

## WORK DESCRIPTION:

Describe the proposed work including all utility service revisions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**DO NOT WRITE IN THIS AREA – FOR TOWNSHIP USE ONLY**

Date Received: \_\_\_\_\_ Application #: \_\_\_\_\_

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Application for a permit shall be made by the *owner* or lessee of the building or structure, or *agent* of either, or by the *registered design professional* employed in connection with the proposed work.

The applicant certifies that all information on this application is correct and that the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Township of Ridley. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Township of Ridley or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

**I certify that the Building Code Official or the Building Code Official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.**

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Print Name Signed Above

\_\_\_\_\_  
E-mail:

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State of Pennsylvania:

:SS

County of Delaware:

On this \_\_\_\_ day of \_\_\_\_\_, a.d., 20\_\_\_\_, before me, the subscriber, a Notary Public of the Commonwealth of Pennsylvania, residing in \_\_\_\_\_, personally appeared \_\_\_\_\_, who being duly sworn according to law, depose and say, that they are the owner or authorized agent of the owner of the property indicated upon this application; that the facts set forth in this construction permit application are true; that this affidavit is made for the purpose of procuring a construction permit; that the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Township of Ridley.

WITNESS my hand and seal the day and date above written.

\_\_\_\_\_  
Signature of Owner or Authorized Agent of the Owner

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

| FIRE ALARM SYSTEM SUBMITTAL REQUIREMENTS   | Answer All Applicable                                    |
|--|--|
| 1) Three (3) complete sets of plans and specs. All plans and calcs. Shall be properly sealed. Three sets of voltage calculations. Plans shall be on standard 24" to 30" by 36" to 42" paper and shall be clearly legible regarding all pertinent information. Include dimensions, scale, and north arrow   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2) System serves multiple buildings  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3) Underwriters Laboratory System Listing  | Cert.#: _____  |
| 4) Hazardous Materials Storage (Include details)   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5) Change of Use (Occupancy)   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6) Total Number of New / Relocated Devices   | # _____  |
| 7) Number of Zones   | # _____  |
| 8) New System Is Addressable   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9) The Fire Alarm System shall be designed as "Total Coverage" in accordance with NFPA 72.   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 10) Include a riser diagram and wiring diagram (per floor).  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 11) Clearly indicated the use of all areas on the plans. All areas shall be shown and labeled  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 12) Note on the face of the plans the contractually responsible parties for Monitoring, Installation and Testing, and Maintenance  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 13) Provide a plan view schematic for each floor, showing all zones (including existing zones shown on an existing control panel, if applicable). All zones must be labeled with a unique and individual letter or number, and identified clearly as to their respective areas of coverage. The schematic shall indicate which zones are to be transmitted individually and which zones are to be grouped for transmission to the central station. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 14) Plans shall indicate the location of the FACP and remote enunciator.   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 15) All system components shall be identified on a component schedule. Provide cut sheets for each component.  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 16) Provide a zone map detail. This zone map will be required to be mounted next to the remote enunciator in a weather resistant manner  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 11) Calculations shall be included with plans that document <b>ANY</b> deviations from listed spacing, such as reductions for ceiling height or airflow, corridor spacing, or similar; or when otherwise called for in NFPA 72.  | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| AUTOMATIC SPRINKLER SYSTEM REQUIREMENTS   | Answer All Applicable  |
|---|--|
| 1) Change of Use (Occupancy)  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 2) Modification or New System   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 3) Total Number of New or Relocated Heads   | # _____  |
| 4) Total Number of Riser  | # _____  |
| 5) Hazardous Storage (Include details)  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 6) High Pile Storage  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 7) Rack Storage   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 8) Encapsulated Storage   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 9) Three (3) complete sets of plans and specifications with appropriate seals on all sheets of plans and front pages of calculations.<br><b>Fire Code summary:</b><br><input type="checkbox"/> Proposed Use . <input type="checkbox"/> Building Construction Type . <input type="checkbox"/> Occupancy Group Classification<br><input type="checkbox"/> Floor Area, <input type="checkbox"/> Hydraulic Information: System Design (remote area, density, max area/head, and K- Factor) and Flow Test Information (Static, residual, GPM flowing, and date and time) . <input type="checkbox"/> Design Method and Standard Reference | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 10) Is the sprinkler design in accordance with NFPA 13 latest edition?  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 11) Include a description of the hazard you are trying to provide protection for.   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 12) Include dimensions, scale, and north arrow.   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 13) Show all concealed spaces. (Labeled combustible or noncombustible)  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 14) Show a site plan where this work is occurring if it is within a larger building or complex.   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 15) Include floor plan and cross sectional elevations. Fire sprinkler plans including layout, remote area, pipe size, center to center dimensions, support intervals, and bracing.  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 16) Show all areas on the opposite side of new walls. (i.e. separate tenant space)  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 17) Provide area protected by each system on each floor and number of heads on each riser per floor.  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 18) Provide locations and ratings of any specialty heads, i.e. high-temp, sidewall.   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 19) Provide riser and trim details.   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 20) Show kind and location of alarm bells.  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 21) Include cut sheets or references for all hangers, fasteners, pipe, fittings, valves, and heads.   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 22) Show hydraulic reference points on the plans that correspond with points on the calculation sheet.  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 23) Include location and description of any existing hangers, valves, piping or heads.  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 27) Is the existing system hydraulically calculated? Include a letter stating that the modifications do not change the calculations or remote area of the existing system.  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 28) Does this submittal include a standpipe system?<br>This system has been designed to NFPA 14, 2000 Ed.   | Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 29) Does this system include in-rack sprinklers or special systems?   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 30) Include fire flow letter from the water purveyor.   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 31) Include details for tamper switches required at exterior double detector check valve and riser valves.  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |

**Failure to provide any of the above requested information may result in a delay of the review process and the rejection of your application**