



Warehouse Point Fire District

Office of the Fire Marshal

89 Bridge Street East Windsor, CT. 06088
860-623-5596 860-292-8265 (Fax)

FIRE PROTECTION APPLICATION FORM

PROJECT INFORMATION				
Legal Address:				
Street No. & Street:				
Detailed Description of Project:				
Permit Type: (Check all that apply):				
<input type="checkbox"/> NFPA 13	<input type="checkbox"/> NFPA 13D	<input type="checkbox"/> NFPA 13R		
<input type="checkbox"/> Limited Area	<input type="checkbox"/> Standpipes	<input type="checkbox"/> Alternative System		
PROPERTY OWNER and Business Owner if applicable				
Name:				
Business Name:				
Mailing Address:				
City/State/Zip				
Phone:	Fax:	Mobile:	E-mail:	
APPLICANT/CONTRACTOR (if other than owner)				
Name:				
Business Name:				
Mailing Address:				
City/State/Zip				
Phone:	Fax:	Mobile:	Email:	
License/Registration (Type & Number:)			Expiration Date:	
AFFIDAVIT				
I am aware this is only an application for the work described and that I am not authorized to proceed with the work until such time as the permit has been issued by the Building Official.				
I hereby certify that the proposed work shall conform to the Connecticut State Building Code and all other codes as adopted by the State of Connecticut, Warehouse Point Fire District and Town of East Windsor. I further attest that I am authorized to make application for a permit for such work as described above.				
Signature:		Print Name:		Date:
VALUE OF WORK: The value shall include all labor and material costs and shall include mechanical, electrical, and plumbing work.			PERMIT FEES <i>(Office Use Only)</i>	
Total Value of Project:			Fire Protection Fee:	
An Application for a Permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless such Application has been pursued in good faith or a Permit has been issued. Application and Permit fees for abandoned projects are nonrefundable.				
REQUIRED PLANS Commercial Project – 1 sets of site plans and construction plans & documents			TOTAL FEES: \$	
			Date Paid: <input type="checkbox"/> Cash	
			Receipt No.: <input type="checkbox"/> Check #	