



City of Salisbury Fire Department

325 Cypress Street
Salisbury, MD 21801
(410)548-3120
Fax (410)548-3121



Gaseous and Chemical Extinguishing Systems – Permit Application

Section 1, Property Information

Project Location	
Property Owner	Day Phone
Owner's Address	
Occupant	Day Phone
Business Name (if applicable)	

Section 2, Fire Protection Contractor

Company Name	
Address	
Day Phone	State FMO License Number

Section 3, Primary Contact

(This person will receive ALL correspondence, notices, and questions regarding permit processing and plan Review)

Name	Day Phone
Email	

Section 4, Project Information

New Installation Alter Existing Replace Existing Service Work

System Type

Hood System Special Hazard System

Details

<input type="checkbox"/> Wet Chemical	<input type="checkbox"/> Inert Gas Type:	Qty.	Lbs.
<input type="checkbox"/> Water Mist		<input type="checkbox"/> Clean Agent Type:	Qty.
<input type="checkbox"/> Other:			

Section 5, Affirmation

I hereby affirm that I have read and completed this application and know the same to be true and correct. All provisions of the law & ordinances of the City of Salisbury governing the proposed work will be complied with whether specified or not. No work will be performed on the above property not specifically described heron.

General Information

- All work subject to field inspection and/or testing;
- No work shall start prior to the issuance of a Gaseous and Chemical Extinguishing System Permit;
- Complete plans, shop drawings, manufacturer's specs, and/or cut sheets are required to be submitted with permit application;
- The permit, once issued, is valid for work commenced within a period not to exceed 180 days after issuance. Otherwise, it is void and of no effect. The permit shall be for periods as the Fire Chief determines, not to exceed one year.

Signature of Licensed Contractor

Date

Phone Number

Office use only

Wet Chemical	Water Mist	Inert Gas or Clean Agent
\$150 per system	\$125 per system	Lbs of Agent _____ x \$1.00 per pound (\$100.00 minimum)
Total Fee		