



# City of Salisbury Fire Department

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



## Fire Protection System Counter Permit Application (FM11)

### 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	City of Salisbury Alarm Company License Number/ State FMO License Number
Primary Contact	Phone
Primary Contact Email	

### Section 3, Project Information

<input type="checkbox"/> Add/Relocate Fire alarm devices (4 or less)	<input type="checkbox"/> Relocate Dry or Wet Chemical System Nozzles
# of devices _____	# of nozzles _____
<input type="checkbox"/> Sprinkler System Alterations/Additions ( $\leq 20$ Heads):	
<input type="checkbox"/> NFPA 13	
<input type="checkbox"/> NFPA 13R	
<input type="checkbox"/> NFPA 13D	
# of Heads _____	

**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**

- Provide a narrative description of the work to be done;
- If applicable attach a drawing with enough detail to illustrate the placement of added/altered devices, sprinkler heads, or nozzles;
- All work subject to a final inspection;
- We will NOT conduct a plan review.

Signature of Licensed Contractor	Date	Phone Number
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**Office use only**

Fire Alarm & Detection System Alterations/Additions – \$75.00	Sprinkler System Alterations/Additions – \$75.00	Chemical System Alterations – \$75.00
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<b>Total Fee</b>	\$
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