

## Waltham Fire Department

# **Sprinkler Permit – Application**



## **SPRINKLER PERMIT APPLICATION INSTRUCTIONS:**

**Fill out** *all* relevant information on the application form.

- **Date** of Application
- **FD** Assigned Project Number: Fill in the assigned FD Project Number if your permit is part of an existing FD project. [Plans should already be on file. The General Contractor should have this number as it is enclosed on the FD stamp on their plans. If you are amending the plans, you should attach the amended set. Note: this may require a separate plan submittal. [Be advised: A separate Plan Review process may include an additional plan review period and fee of \$100.00.]
- **Location**: Fill in the Location of your fire alarm or sprinkler work, including an on-site contact and contact phone number.
- **Company Information:** Fill in the company information for the company applying for this permit.
- **Contractor's License** Number: [A *journeyman's* license is NOT acceptable.]
- **Permit Length**: Provide the amount of time you are requesting for this permit.
- **Project Description**: Provide a clear description of the work you will be conducting under this permit.
- **Signature**: Type the name of the person applying for this permit. [By filling in your typed name in the Digital Signature section you acknowledge this to be your valid signature.]

\*\*\* All submissions must be complete. Any incomplete submittals will not be processed and must be resubmitted. \*\*\*

## Submit Via Email: (online payment must be made)

- **Email** this completed application form to the Fire Prevention Office at prevention@city.waltham.ma.us, include:
- Attach a copy of a valid contractor's license. [A journeyman's license is NOT acceptable.]
- **Attach** amended plans (if applicable)
- Make online Payment of \$30.00 at the City of Waltham/Fire Department/ Fire Prevention website, below:

"https://www.city.waltham.ma.us/fire-department/pages/ permits- fees-downloads" Above the list of permits you will see; \*\*\*ATTENTION\*\*\* FIRE PREVENTION APPLICATION FEES CAN NOW BE PAID ONLINE. (Click on the words "PAID ONLINE") Select "Permit - Sprinkler". Follow instructions to pay.

Email documents above with copy of paid invoice to: prevention@citv.waltham.ma.us

### **Submit IN Person or Via US Mail:**

Mail or bring this completed application form to the Fire

- Prevention Office at prevention@city.waltham.ma.us, include:
  - *Include* a copy of a valid contractor's license. [A *journeyman*'s
- license is NOT acceptable.]
- **Include** amended plans (if applicable)
- Payment: Cash (in Person -only) or check in the amount of \$30.00 made payable to the City of Waltham.

[In the check's memo section please include: **Sprinkler Permit &** the **address**.]

## Mail or Bring the application, required documents and payment to:

Fire Prevention 175Lexington Street Waltham, MA 02452

Your permit will be processed and emailed back to you w/in 24 hours of receipt. - Applications submitted in person will be processed while you wait.



# Waltham Fire Department

# **Sprinkler Permit – Application**



**SPRINKLER PERMIT** 

APPLICATION TO INSTALL, MODIFY, REPAIR, OR REMOVE ANY SPRINKLER SYSTEM

**SPRINKLER PERMIT** 

- 1. Fill out all relevant information This is a PDF Fill in form
- 2. Submit in Person (preferred), via email or US mail
- 3. Via email: Online payment mut be made in order to process permit via email. Email completed form, copy of payment invoice & a copy of the Contractor's License (Journeyman's Lic. is not acceptable) (and a copy of amended plans if applicable) to the Fire Prevention Office at <a href="mailto:prevention@city.waltham.ma.us">prevention@city.waltham.ma.us</a>
- 4. Via US mail: Mail this completed form, a copy of the Contractor's License (Journeyman's Lic. is not acceptable) (& a copy of amended plans if applicable) and payment in the form of a check for \$30 made payable to the City of Waltham, to: Fire Prevention, 275 lexington Street, Waltham, MA 02452.

Application Date:			FD Assigned Project #: F020					
Location of Fire Sprinkler Work:								
Location of Work:	(Number) (Street)				(Location description: rear, left side, etc.)			
On-site Contact:				Phone:				
Company Conducting the Fire Sprinkler Work:								
Company Name:				Contact:				
Company Address:	(Number)	(Street)	(Uı	nit/Suite, etc.)	(City or Town)		(State)	(Zip Code)
Phone #:				Email:				
Attach Copy of Contractor's Lic:	Contractor's  License #:  Description of Sprinkler Work:							
Please clearly describe the purpose for which this permit is to be granted:								
I understand that I MUST call in to Fire Prevention to inform them of any and all fire alarm / sprinkler system shutdown or fire alarm / sprinkler system returned back-in-service.								
* by entering my name in the signature section of this application, and by checking this box I accept & acknowledge that my typed name serves as a signature by authorized agent.								
Do Not enter any information below this line FD USE ONLY								
Fire Department:								
Fire Dept. Approval:			Fire Protection Permit Number:	20			Paid: Approval Date:	