



UPPER CHICHESTER TOWNSHIP

License and Inspection Department
www.upperchichester.org

Phone: 610-485-5719

Fax: 610-485-3615

PHYSICAL (GPS) ADDRESS:
 8500 Furey Road
 Upper Chichester, PA 19014

MAILING ADDRESS:
 PO Box 2187
 Upper Chichester, PA 19061

FIRE PROTECTION PERMIT APPLICATION

Property Information (location where work is being performed)		
Owner Name	Business Name (If Applicable)	Phone
Address (City, State, Zip, Apt/Suite#)		

Cost of Construction \$ _____ <small>Please provide the cost of construction for the fire alarm portion of the project.</small>

Fire Alarm and detection systems shall be designed and installed in accordance by the following codes which are enforced by Upper Chichester Township:

- *2009 International Building Code
- *2009 International Fire Code
- *2009 International Mechanical Code
- * NFPA 72 (National Fire Code) 2007 Edition

In accordance with NFPA 72, installation personnel will be qualified or shall be supervised by persons who are qualified in the installation, inspecting and testing of fire alarm systems.

- 1) Personnel who are factory trained and certified for fire alarm installation of the specific type and brand of system being installed
- 2) Personnel who are certified by a nationally recognized fire alarm certification organization (i.e. NICET) acceptable to Upper Chichester Township Fire Marshal and/or Inspections Department.
- 3) Personnel who are factory trained and certified for fire alarm service of the specific type and brand of system being installed.
- 4) Personnel who are employed and qualified by an organization listed and Nationally recognized for the serving of fire alarm systems (Underwriters Laboratories or Factory Mutual).

APPLICANT, PLEASE CIRCLE:	<input type="checkbox"/> OWNER	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> OTHER _____
ALARM MONITORING COMPANY	Name	Company Name	Phone
	ADDRESS (Street, City, State, Zip, Apt/Suite#)		
CONTRACTOR	NAME	ADDRESS (Street, City, State, Zip, Apt/Suite#)	
	PHONE	PA LICENSE #	EMAIL
ALARM INFORMATION	<input type="checkbox"/> CENTRAL SYSTEM <input type="checkbox"/> NEW SYSTEM <input type="checkbox"/> EXISTING SYSTEM		UL _____
	MANUFACTURER	PANEL #	SERIAL #
NUMBER OF	MANUAL PULL STATIONS _____	SMOKE DETECTORS _____	HORN & STROBES _____
	CARBON MONOXIDE _____	HOOD SYSTEM _____	STROBES _____
	HEAT DETECTORS _____	SPRINKLER _____	

KNOX BOX LOCATION _____

Knox Box applications can be obtained by emailing Dave Holland, Fire Marshal, at uctcar1@aol.com.

DESCRIPTION OF WORK. Please attach drawing or plan.

EMERGENCY CONTACT # 1	NAME	PHONE	EMAIL
EMERGENCY CONTACT # 2	NAME	PHONE	EMAIL
EMERGENCY CONTACT # 3	NAME	PHONE	EMAIL

The information below is required for all business properties in Upper Chichester Township. Emergency contact addresses and phone number are required before an Occupancy will be given. Response will be in thirty (30) minutes from receiving the phone contact. If no one responds than the Fire Marshal will require a Rapid Entry System placed on the property.

I (we), the undersigned applicant for an alarm system permit, intending to be legally bound, hereby, agree with the Township of Upper Chichester that neither I (we), nor anyone claiming by, through, or under me (us), shall make any claim against the Township, its officials, or agents for any damage caused to the premises at which the alarm system, which is the subject of this application, is or will be located. A forced entry may happen to said premise by employees of the Township in order to answer an alarm, from said alarm system, at a time when said premises are, or appear to be, unattended, or when in the discretion of said employees if the circumstances appear to warrant a forced entry.

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD, THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LOCAL, STATE AND FEDERAL LEGISLATION. Please provide signed contract between contractor and owner of property, if property owner is not the party signing this form.

PROPERTY OWNER'S SIGNATURE: _____

DATE: _____

Township Use Only: INITIALS _____

FOLIO: _____

AMOUNT: _____

CHECK NUMBER _____ CASH

Is this site located within an identified flood hazard area?

YES NO

Building Code Official Use Only:

APPROVED DENIED

SIGNATURE: _____

DATE: _____

SEE PERMIT FOR COMMENTS.

Township Use Only:

Township Flood Plain Administrator Signature: _____

Date: _____

PLEASE SEE ATTACHED INFORMATION