Springfield Township Office of the Fire Marshal 1510 Paper Mill Road Wyndmoor, PA 19038 215-836-7600 FIRE ALARM PERMIT APPLICATION INSTALLATION / MODIFICATIONS FEE: \$105 Non-Residential			
Fire Suppression System:	Туре:	Alarm System:	Туре:
Location:			
Applicant:	Telephone No:		
Applicant's Address:			
Property Owner:	Ov	vners Address:	
Type of System:			
Product Manufacturer:			
Contractor:			
Name of Electrical Inspectio	n Agency:		
Describe Battery Back-up Sy	/stem:		
Name, Address & Phone No.	of Company Providing	Testing and/or Maintena	ance Service:
Describe all Auto Detection/ Number & Type):			
Describe Audible Alarms:			
Describe Control Panel, Ann	unciator Panel:		
Describe Verification Featur	e:		
Applicant Must Provide:			
Plans	Cut Sheets, Specs		
	ion That System Meets	NFPA Standards	
•	s Manual at Panel at. & Test Certification		
Applicant's Signature:		Date:	
Print Name:			
Approved by:			