



# Crawfordsville Fire Department

## Fire Protection Permit Application

Fire Prevention Division  
 100 South Water St.  
 Crawfordsville, Indiana 47933  
 Office (765) 362-1277 Fax (765) 364-5198

*~This application must be completed, all required items and fees submitted in order to be processed~*

Project Information	
Project Name:	
Project Address:	
City, State and Zip Code:	
State Project Number:	
General Description of Work:	
Fire Protection Contractor	General Contractor
Last Name, First Name	Last Name, First Name
Company Name:	Company Name:
Street Address:	Street Address:
City, State and Zip Code:	City, State and Zip Code:
Telephone Number:	Telephone Number:
E-mail Address:	E-mail Address:
1. Type of Submittal (Check all that apply)	
<input type="checkbox"/> <b>Automatic Sprinkler System (Complete Section 2A, 2B and Section 3)</b>	
<input type="checkbox"/> New Installation ( <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D)	
<input type="checkbox"/> Existing System Modification <small>(If modifications will change the system type, hazard classification or hydraulic design of the system submit hydraulic calculations.)</small>	
<input type="checkbox"/> <b>Fire Alarm System (Complete Section 2C and Section 3)</b>	
<input type="checkbox"/> New Installation ( <input type="checkbox"/> Central Station <input type="checkbox"/> Proprietary Supervising Station)	
<input type="checkbox"/> Existing System Modification	
<input type="checkbox"/> <b>Special Hazard Fire Suppression System (Complete Section 2D and Section 3)</b>	

## 2. System Information

### A.) Automatic Fire Sprinkler Systems

Required for review - (One set of shop drawings, hydraulic calculations, specification sheets and CDR.)

<b>Hazard Classification:</b> <input type="checkbox"/> Light Hazard <input type="checkbox"/> Ordinary Hazard I <input type="checkbox"/> Ordinary Hazard II <input type="checkbox"/> Extra Hazard I <input type="checkbox"/> Extra Hazard II		<b>Type of System:</b> <input type="checkbox"/> Wet Pipe <input type="checkbox"/> Dry Pipe <input type="checkbox"/> Pre-action <input type="checkbox"/> Deluge	
<b>Design Density:</b>		<b>Maximum Coverage Area per Head:</b>	
<b>Coverage Area of the Most Demanding Head:</b>		<b>Ceiling Height:</b>	<input type="checkbox"/> Obstructed Construction <input type="checkbox"/> Unobstructed Construction

### B.) Water Supply Data

**Testing Location:**

<b>Static Pressure:</b>	<b>Residual Pressure:</b>	<b>Flow:</b>	<b>Performed By:</b>	<b>Date:</b>
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### C.) Fire Alarm System

Required for review - (One set of shop drawings, specification sheets and CDR.)

<b>Type of System:</b> <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<b>Audible Alert:</b> <input type="checkbox"/> Three Pulse Temporal <input type="checkbox"/> Voice Evacuation
<b>Number of Fire Alarm Annunciation Zones =</b>	
<b>Fire Safety Functions:</b> <input type="checkbox"/> Fire Door Closure <input type="checkbox"/> Shutdown HVAC <input type="checkbox"/> Recall Elevator <input type="checkbox"/> Smoke Removal <input type="checkbox"/> Delayed Egress Doors <input type="checkbox"/> Sprinkler Water-flow Alarm <input type="checkbox"/> Special Hazard Fire Suppression System	

### D.) Special Hazard Fire Suppression System

Required for review - (One set of plans, product specification sheets and CDR.)

<b>Type of System:</b> <input type="checkbox"/> Wet Chemical <input type="checkbox"/> Dry Chemical <input type="checkbox"/> Clean Agent <input type="checkbox"/> Carbon Dioxide <input type="checkbox"/> Foam				
<b>System Make:</b>	<b>System Model:</b>	<b>Amount of Agent:</b>		

## 3. Permit Fee Calculation:

<b>Automatic Fire Sprinkler System</b>			
New Sprinkler System Installation (Number of Risers ___ x \$100) =			
<b>Fire Alarm System</b> (Number of Fire Alarm Zones ___ x \$100) =			
<b>Special Hazard Suppression System; i.e. Hood System</b> (Number of Systems ___ x \$50) =			
<b>Existing System Modification</b> (no change in system type, hazard class or hydraulic design)			
Number of Risers ___ x \$75 =			
Number of Alarm Zones ___ x \$75 =			
Number of Hoods ___ x \$75 =			
<b>Total Amount Due =</b>			
<b><u>Fire Department Use Only</u></b>			
Date Received:		<b>Make Checks Payable to:</b>	
		<b>City of Crawfordsville</b>	
Date Reviewed:	Received By:	Check Number:	Amount: