



**SALEM FIRE DEPARTMENT  
BUREAU OF FIRE PREVENTION  
152 MAIN STREET  
SALEM, NEW HAMPSHIRE 03079  
BUSINESS: (603) 890-2200 FACSIMILE: (603) 893-3789**

**JEFFREY EMANUELSON, CFI  
FIRE MARSHAL**

**FIRE PREVENTION PERMIT APPLICATION**

|   |               |                    |  |                                  |             |
|---|---------------|--------------------|--|----------------------------------|-------------|
| <b>2 SETS PLANS ATTACHED:</b>                         | <b>YES/NO</b> | <b>PERMIT FEE:</b> |  | <b>PERMIT #:</b>                 |             |
| <b>TYPE OF PERMIT: PLEASE CHECK APPROPRIATE FIELD</b> |               |                    |  |                                  |             |
| PLACE OF ASSEMBLY [ANNUALLY]                          |               | \$100.00           |  | EXHIBIT / TRADE SHOW             | \$100       |
| FIRE ALARM SYSTEM                                     |               | \$25 AND UP        |  | SPRINKLER SYSTEM                 | \$25 AND UP |
| AUTOMATIC EXTINGUISHING SYSTEM                        |               | \$25               |  | FIRE PUMP                        | \$50        |
| UNDERGROUND TANK REMOVAL                              |               | \$25               |  | L.P. GAS TANKS                   | \$25 AND UP |
| OIL BURNER [STATE FORM ALSO]                          |               | \$25               |  | WOOD / COAL / PELLET STOVE       | NO CHARGE   |
| FIREWORKS DISPLAY                                     |               | \$50 AND UP        |  | STORAGE / USE OF EXPLOSIVES      | \$50        |
| DRILLING / BLASTING OPERATIONS                        |               | \$25 AND UP        |  | CUTTING / WELDING OPERATIONS *** | \$25        |
| FLAMMABLE / COMBUSTIBLE TANKS                         |               | \$25 AND UP        |  | ***DETAIL NEED FOR WELDING       |             |
| HOOD UNIT ONLY  |               | NO CHARGE          |  | HOME HEATING TANKS < 330 GALS    | NO CHARGE   |

|                          |               |               |               |
|--------------------------|---------------|---------------|---------------|
| <b>LOCATION OF WORK:</b> | <b>MAP #:</b> | <b>LOT #:</b> | <b>BOX #:</b> |
| OCCUPANT:                |               | UNIT #        |               |
| ADDRESS:                 |               | TELEPHONE #   |               |

|                               |  |                   |  |
|-------------------------------|--|-------------------|--|
| <b>APPLICANT INFORMATION:</b> |  |                   |  |
| YOUR NAME:                    |  | CELL / PAGER #    |  |
| COMPANY:                      |  | COMPANY TEL #     |  |
| ADDRESS:                      |  | CERTIFICATE # *** |  |
| CITY / STATE / ZIP:           |  | EXPIRATION DATE   |  |

|  |  |                   |  |
|--|--|-------------------|--|
| <b>CERTIFIED PERSON WORKING ON THE SYSTEM INFORMATION:</b>       |  |                   |  |
| *** CERTIFICATE OF FITNESS # ISSUED BY SALEM FIRE DEPARTMENT *** |  |                   |  |
| YOUR NAME:   |  | CELL / PAGER #    |  |
| COMPANY:   |  | COMPANY TEL #     |  |
| ADDRESS:   |  | CERTIFICATE # *** |  |
| CITY / STATE / ZIP:  |  | EXPIRATION DATE   |  |

|                             |  |
|-----------------------------|--|
| <b>DESCRIPTION OF WORK:</b> | <b>** 2 SETS OF PLANS ARE REQUIRED**</b> |
|                             |  |
|                             |  |
|                             |  |

This application does not imply approval of the proposed work. The applicant shall be responsible for confirming final approval of the proposed work prior to starting any work which requires a permit from the Bureau of Fire Prevention. All work shall be in compliance with NFPA standards, State and Local Regulations. The applicant shall be responsible for scheduling final tests and inspections for any work performed immediately upon completion. Any changes to the previously approved conditions must also be approved by the Bureau of Fire Prevention. Failure to provide the requested information will result in denial of the permit. All sections must be completed.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_