



**City of Middletown**  
**Bureau of Fire Prevention**

Theron C. Adkins, Fire Inspector  
 16 James Street  
 Middletown, NY 10940  
 Office: (845)346-4111  
 Fax: (845)343-4014  
 Cell: (845)741-6116  
 E-Mail: tadkins@middletown-ny.com

**Automatic Fire Sprinkler Installation Permit Application**

*In accordance with the New York State Fire Prevention and Building Code, an operational permit is required to install an automatic fire sprinkler system. Plan Submittals and Installation shall be in accordance with the requirements detailed and contained in the National Fire Protection Association (NFPA) Chapter 13 – 2016 Edition and current manufacturer specifications.*

Applicant & Property Information	Business Name & Contact Name												
	Address						Suite		City			State	Zip Code
	Telephone				Work Telephone				Email Address				
	<b>Property Owner or Mailing Address if different from above</b>												
	Name or DBA												
	Address						Suite		City			State	Zip Code
Telephone				Work Telephone									
Installation Company / Agent to Owner	Name												
	Contact Name												
	Address						City			State	Zip Code		
	Telephone				Mobile Telephone				Email Address				
System Information	NFPA 13		NFPA 13 R		NFPA 13D		NEW ALTERATION		REMODEL				
	LIGHT HAZARD		ORDINARY HAZARD GROUP 1		ORDINARY HAZARD GROUP 2		EXTRA HAZARD GROUP 1		EXTRA HAZARD GROUP 2				
	NO. OF HEADS INSTALLED OR TO BE WORKED ON				NO. OF STANDPIPES				NO. OF FIRE PUMPS				
	PROPOSED STARTING DATE												
	COST OF PROJECT												
	FEE, DUE WITH APPLICATIONS: (\$10 PER \$1000 JOB COST, \$50.00 MIN)												
	DESCRIPTION OF WORK TO BE DONE												



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1. All plans and submittals must adhere to NFPA 13 Chapter 23.1.
2. One hard copy (one additional set if required to be stamped and returned) and one electronic (PDF) copy of stamped plans must be submitted for review.
3. The submittals shall be supplied for all jobs. The submittals must be submitted in PDF form.
4. Proof of Insurance. Must be submitted in PDF form.
5. Preferred Construction Documents Size - Sheet "D" 24" X 36" (Fire Inspector may approve other sizes by request)
6. Sheets that are cut and pasted, taped, or that have been altered by any means (pen, pencil, marking pen, etc.) will not be accepted for plan check. Plans that are not legible may be rejected as unacceptable for plan review purposes.
7. All plans shall be stamped by a licensed Professional Engineer or a Registered Architect as required by the New York State Department of Education Law with current renewal dates and "wet" signatures.
8. If, due to the scope of the work proposed, the plans are not required to be stamped, the plans shall be drawn utilizing accepted engineering practices and procedures. All line work and lettering shall be clear and legible.
9. Plans shall be submitted by a company licensed by the State of New York as Per General Business Law Article 6D. Proof of a valid license is to be submitted with the application.
10. Accuracy of the submittal package, is the responsibility of the applicant. Failure to submit an accurate submittal package will be considered an incomplete application by the Plan Reviewer.
11. An incomplete submittal will result in a HOLD.
12. If work is found to have commenced without approved plans and/or a proper permit, this office reserves the right to shut down any/all portions of the entire project deemed necessary to inspect, investigate and confirm that work has been done.
13. When work for which a permit is required has been conducted without a permit or approval, a stop work is immediately posted and all permit fees immediately double upon application and plan review for an installation permit.
14. If any portion of the work performed is not clearly visible or readily accessible, you will be ordered to demolish, disassemble or remove any and all obstructions regardless of the cost incurred. Failure to comply will result in the suspension/revocation of any Building or other permits related to the site.
15. In addition, it is understood that the installation of systems shall be made only by persons properly trained and qualified to install the specific system being provided. The installer certifies to this authority that the installation is in complete agreement with the terms of the listing and manufacturer's instructions and/or approved design plan.
16. Owner's Information Certificate

**Submittal Package Requirements**

Brief Scope of work description  
 Hydraulic calculations – 1 PDF Version - Per Area  
 Summary Sheet– 1 PDF Version - Per Area  
 Detailed Worksheets– 1 PDF Version - Per Area  
 Graph Sheets– 1 PDF Version - Per Area  
 Hardware specification and cut sheets – highlight or indicate hardware on cut sheet(s)  
 All materials and devices essential to successful system operation; e.g. piping, fittings, FDC, valves, supervisory devises, etc.

The undersigned represents that this application for a permit as described herein will be in accordance with all ordinances of the City of Middletown and the Fire and Building Code of New York State and that any plans or specifications submitted with this application are the plans or specifications relating to this permit and no other.

Applicant Signature	Applicant Name (Print)	Application Date
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PERMIT NUMBER	ISSUE DATE	EXPIRATION DATE	FEE PAID	BLDG PERMIT #	Theron C. Adkins, Fire Inspector

## OWNER'S INFORMATION CERTIFICATE

Name and address of property to be protected with sprinkler protection:

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Name of owner: \_\_\_\_\_

Existing or planned construction is:

- Fire-resistive or noncombustible
- Wood frame or ordinary (masonry walls with wood beams)
- Unknown

Describe the intended use of the building: \_\_\_\_\_

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Note regarding speculative buildings: The design and installation of the fire sprinkler system is dependent on an accurate description of the likely use of the building. Without specific information, assumptions will need to be made that will limit the actual use of the building. Make sure that you communicate any and all use considerations to the fire sprinkler contractor in this form and that you abide by all limitations regarding the use of the building based on the limitations of the fire sprinkler system that is eventually designed and installed.

Is the system installation intended for one of the following special occupancies:

- |                                 |                              |                             |
|---------------------------------|------------------------------|-----------------------------|
| Aircraft hangar                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fixed guide way transit system  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Race track stable               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Marine terminal, pier, or wharf | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Airport terminal                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Aircraft engine test facility   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Power plant                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Water-cooling tower             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "yes," the appropriate NFPA standard should be referenced for sprinkler density/area criteria.

Indicate whether any of the following special materials are intended to be present:

- |                                       |                              |                             |
|---------------------------------------|------------------------------|-----------------------------|
| Flammable or combustible liquids      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Aerosol products                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nitrate film                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pyroxylin plastic                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Compressed or liquefied gas cylinders | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Liquid or solid oxidizers             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Organic peroxide formulations         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Idle pallets                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "yes," describe type, location, arrangement, and intended maximum quantities.

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Indicate whether the protection is intended for one of the following specialized occupancies or areas:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Spray area or mixing room                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Solvent extraction                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Laboratory using chemicals                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Oxygen-fuel gas system for welding or cutting      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Acetylene cylinder charging                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Production or use of compressed or liquefied gases | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Commercial cooking operation                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Class A hyperbaric chamber                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cleanroom  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Incinerator or waste handling system               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Linen handling system                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Industrial furnace                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Water-cooling tower                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "yes," describe type, location, arrangement, and intended maximum quantities.

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Will there be any storage of products over 12 ft. (3.6m) in height?

Yes  No

If the answer is "yes," describe product, intended storage arrangement, and height.

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Will there be any storage of plastic, rubber, or similar products over 5 ft. (1.5 m) high except as described above?

Yes  No

If the answer is "yes," describe product, intended storage arrangement, and height.

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Is there any special information concerning the water supply?

Yes  No

If the answer is "yes," provide the information, including known environmental conditions that might be responsible for corrosion, including microbiologically influenced corrosion (MIC).

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I certify that I have knowledge of the intended use of the property and that the above information is correct.

Signature of owner's representative or agent: \_\_\_\_\_ Date: \_\_\_\_\_

Name of owner's representative or agent completing certificate (print): \_\_\_\_\_

Relationship and firm of agent (print): \_\_\_\_\_