

**FIRE PROTECTION PERMIT APPLICATION
TOWNSHIP OF MIDDLETOWN
LANGHORNE, PENNSYLVANIA
COUNTY OF BUCKS**

FEDERAL TAX ID# EIN _____

*Required for all Non-Residential Permits

TAX MAP NO. 22 _____

DATE _____

PROJECT NO. _____

ADDRESS OF CONSTRUCTION SITE _____

Property Owner	NAME _____
	STREET _____
	CITY _____ STATE _____ ZIP _____
	DAYTIME PHONE # _____
	EMAIL _____

Contractor

NAME _____
STREET _____
CITY _____ STATE _____ ZIP _____
DAYTIME PHONE # _____
EMAIL _____
MIDDLETOWN TWP. CONT. LIC# _____

Tenant	NAME _____
	STREET _____
	CITY _____ STATE _____ ZIP _____
	DAYTIME PHONE # _____
	EMAIL _____

SPECIAL SUPPRESSION SYSTEMS/HOOD	FEE
Type: Dry Chem _____ CO2 _____ Foam _____ Other _____	
Manual Pull Yes _____ No _____	
Auto Fuel Disconnect Type _____	
Hood System _____ Res. _____ Non-Res. _____	
Location: _____	
_____ # of Systems	\$ _____

SPRINKLERS/STAND PIPES	FEE
Type: Wet _____ Dry _____ Existing _____ New _____	
Other _____	
Type: Manual _____ Automatic _____	
Area Sprinklered Full _____ Partial _____	
Water Supply Source _____	
Size _____	
Supervisor Type: Remote _____ Local _____	
Proprietary _____ Central _____	
_____ # of Floors/Zones	\$ _____
_____ # of Head/Outlets _____ # of Spare Heads	\$ _____
_____ Fire Pumps & Related Equipment	\$ _____

(Additional \$5.00 Cost per Appliance (fuel tank, jockey pump, controller etc.))

_____ Underground Fire Mains \$ _____

(Additional \$2.00 Cost per Foot)

Total Column One \$ _____

FIRE ALARM/DETECTION

FEE

Fire Alarm System: _____ Existing _____ New
Type: _____ Manual _____ Automatic
Supervision Type: _____ Remote _____ Local
_____ Proprietary _____ Central

Fire Detection System

_____ Res Multi-Family / Instit _____ Non-Residential	
_____ Number of Floor / Zones	\$ _____
_____ Number of Head/Appliance/Outlet/Nozzle	\$ _____
_____ Number of Horns/Strobes/Bells/Pull Stations	\$ _____
_____ Number of Duct/Heat/Smoke Detectors	\$ _____
_____ Other _____	\$ _____
_____ Other _____	\$ _____
_____ Other _____	\$ _____

OTHER SYSTEMS (Additional \$5.00 Cost per Device)

FEE

_____ Emergency Communications Systems	\$ _____
_____ Gas Detection Systems	\$ _____
_____ Smoke Controls Systems	\$ _____
_____ Other _____	\$ _____

ELECTRICAL

FEE

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Review Fee _____	\$ _____
State _____	\$ _____
_____	\$ _____

Total Column Two

TOTAL FIRE PROTECTION PERMIT FEE

\$ _____

I hereby acknowledge that I have read this application and state the above is correct and agree to comply with all Township ordinances and State Laws regarding construction.

OWNER OR APPLICANT

DATE

Building Inspector

Electrical Inspector