



Bedford Fire Department

Committed to Excellence

APPLICATION FOR FIRE MARSHAL'S PERMIT

Job Name and Location

Contractor Name

Phone Number

State License Number

Expiration Date

Copy of State License Must Be Attached

TYPE OF SYSTEM TO BE INSTALLED - MODIFIED - REMOVED

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Sprinkler | <input type="checkbox"/> Underground Storage Tanks | <input type="checkbox"/> Hazardous Materials |
| <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Tent/Display | <input type="checkbox"/> Vent A Hood |
| <input type="checkbox"/> Pyrotechnics | <input type="checkbox"/> Propane / Compressed Gas | <input type="checkbox"/> FM 200 / UL 300 |

Work Description

- | | | |
|---|---|----------------------------------|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Alteration / Modification / Addition | <input type="checkbox"/> Removal |
|---|---|----------------------------------|

_____ TOTAL NUMBER OF DEVICES TO BE INSTALLED, REMOVED OR RELOCATED

ESTIMATED COST OF CONSTRUCTION: \$ _____

I hereby certify that the above application is complete and correct to the best of my knowledge and that said work will be completed in conformance with the codes and ordinances of the City of Bedford. Any intentional misrepresentation on the above application will constitute a violation of the City of Bedford Fire Code and will void this application and any permit subsequently issued.

Signature

Date

Print Name