



Township of Newtown

209 Bishop Hollow Rd, Newtown Square, PA 19073
tel: 610-356-0200 * fax: 610-356-8722
www.newtowntownship.org

Fire Sprinkler & Alarm Permit

Permit # _____

Date Issued: _____

By: _____

Work Site Location: _____

Tax Parcel #: 30-00-_____

Legal Owner: _____

Phone: _____ Email: _____

Primary Contractor: _____

PA AG#: _____ Exp: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Construction Characteristics:

Use Group: Present _____ Proposed _____

Construction Class: Present _____ Proposed _____

Is the Building Equipment to be located outside of the REQUIRED building setbacks? Yes No

Water Supply Source _____

Alarm/Suppression Supervision Method _____

Plans Submitted: Yes No Specs Submitted: Yes No

Description of Work: _____

Other Permits submitted associated with the project (check all that apply):

- Mechanical Electrical Plumbing Soil Erosion Building

Total Cost of Work (Completed by Contractor): \$ _____

Comments from Code Dept: _____

A copy of the contractor insurance certificate or waiver and a copy of the PA AG license must be included with the permit application. No applications will be reviewed without this information included with the permit application.

Insurance Certificate included? Yes No

Copy of PA AG license included? Yes No

If your project requires multiple contractors, please include the "Permit Contractor List Form" with your permit application, along with insurance certificates or waivers and a copy of PA AG licenses for all contractors included in the project.

Add Contractor sheet included? Yes No

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this Application. Also, I acknowledge I am responsible for scheduling all required inspections of work.

Signature: _____
Applicant/Contractor Date

Completed by Township

Township Fee: _____
L&I Fee: _____
Total all Permits: \$ _____

Property Address: