



Town of Sellersburg
 Building Commission
 316 E Utica
 Sellersburg, Indiana 47172
 Phone: 812-246-3821 Web Site: <https://www.sellersburg.org/>

FIRE SUPPRESSION PERMIT APPLICATION

I verify that the fire suppression design criteria is in accordance with all applicable codes and standards adopted by the State of Indiana and that the water flow information noted is true and accurate. I further acknowledge that I have reviewed the anticipated water demand for this system and find the actual water flow pressure adequate to serve this system.

 Signature of Owner or Agent

 Date

Location: _____ Subdivision Name: _____ Lot # _____
(street address is required for all applications) (If applicable) (If applicable)

Estimated Cost: \$ _____ Building Permit Number: _____
(Do not include Electrical, Plumbing, HVAC or Land.) (Total Square Footage of Project)

Applicant: _____ Email: _____

Applicant Type: Architect Engineer Contractor Other

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Cell: _____

Owner: _____ Email: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Cell: _____

Sprinkler/Standpipe Systems

Stand Alone Standpipes: _____ Standpipes w/ Sprinkler System: _____

Sprinkler: _____ Number of Sprinklers: _____

Static: _____ PSI Residual: _____

Water Flow: _____ GPM Duration: _____

Source of Water Supply: _____ Source of Water Flow Data: _____

Date and Time of Water Flow Test: _____ AM/PM (Circle one)

Anticipated Water Demand: _____ PSI _____ GPM

Classification of Hazard (S): _____

Type of Building Occupancy: _____

Specific Types of Suppression Systems: _____

NFPA Standard(s) Followed in Design: _____

Other Suppression Systems

Carbon Dioxide System: _____ Pounds of Agent: _____

Halon System: _____ Pounds of Agent: _____

Dry Chemical System: _____ Pounds of Agent: _____

Flammable Liquid/Pressure Tanks: _____ Gallons: _____

Foam Gallon Concentrate Systems: _____ Gallons: _____

Range Hood System: _____

