

# Sprinkler System Installation Permit Filing Requirements

Per NFPA 13

## Permit Fees:

Initial application and first Riser- \$100  
Each additional riser- \$50  
1-50 Sprinkler Heads-- \$150  
51-150 Sprinkler Heads - \$250  
151 or more Sprinkler Heads- \$400  
Underground Fire line- \$250  
Fire pump- \$250

## Pre-Permit

- Written narrative providing intent and system description
  - Shop Drawings (meeting requirements of NFPA 13 Subsection 23.1.3)
    - 1- Digital copy (PDF)
  - Equipment manufacturer specification sheets (PDF)
  - Hydraulic Calculations (NFPA 13 Subsection 23.3) (PDF)
  - Water supply capacity information (conducted no more than twelve (12) months prior to submission.) NFPA 13 Subsection 23.2
  - Required Insurances
    - Workers Compensation C105.2
    - Disability DB120.1
- \*Town must be listed as certificate holder\*
- \*We do not accept accord forms\*

## Close Out

- AHJ witnessed inspections
  - Flushing of Piping
  - Underground pipe Hydrostatic test
  - System Hydrostatic test
  - System operational test
- Completion documentation
  - Letter of completion
  - Record of Inspection and Testing
- As built drawing onsite (hard copy) and Fire Safety Office (PDF).
- Property owner has received all literature and instructions provided by manufacturer describing proper operation and maintenance of any equipment and devised installed.

New Sprinkler System (Requires Knox Box and Knox FDC Caps/Plugs)

Permit includes Supervision & Monitoring Devices (Control Panel, 1 Smoke Head, 1 Pull Station, 1 Exterior Horn/Strobe). If more devices are being installed a fire alarm permit will be required.

# Town of Cheektowaga Building Permit Application



Office Use Only	
Application Number:	_____
Assigned Inspector:	_____
Permit Fee:	_____
Received By:	_____

Today's Date: \_\_\_\_\_

Plans filed:  Yes  No

**Job Address:** \_\_\_\_\_ **Suite Number:** \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Property Owner's Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_  
Street City State Zip code

Applicant's Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Building Contractor's Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip code

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Plumbing Contractor Name:** \_\_\_\_\_

## Description of Work:

- Residential  Commercial  Plumbing  Fire  Signs  Other

Please describe your work: \_\_\_\_\_

**Estimated Value of Construction:** \_\_\_\_\_

The Town of Cheektowaga "Cost of construction table" will be used when costs provided are erroneous

## Owner / Agent Certification:

I certify that I am the owner of record or have the permission of the owner of record to perform the work herein; and that all the information provided as part of this application is correct and true.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature