

Date received: _____

FPS # _____



CITY OF ROCKVILLE

Inspection Services Division
111 Maryland Avenue • Rockville, Maryland 20850
240-314-8240 • www.rockvillemd.gov

APPLICATION FOR FIRE PROTECTION PERMIT

Please Print or Type All Information. Incomplete Applications Cannot Be Processed.

Project Address _____ Bldg Permit Reference # BLD _____

Project Name _____ Suite/Floor/Bay _____

	NAME	MAILING ADDRESS (number, street, city, state, zip)	PHONE NUMBER	EMAIL
APPLICANT (Person's Name)				
PROPERTY OWNER				
CONTRACTOR	Sprinkler contractor license # _____			
DESIGNER/CONTACT PERSON FOR TECHNICAL QUESTIONS				

WALK-THRU PERMITS

- | | |
|--|--|
| <input type="checkbox"/> Add/Relocate Fire Alarm Devices (three or less)
of devices _____ | <input type="checkbox"/> Add/Relocate Dry or Wet Chemical System Nozzles
of nozzles _____ |
| <input type="checkbox"/> Add/Relocate Sprinkler Heads (nine or less) # of heads _____ (Existing outlets only, no new piping) | |

PERMITS REQUIRING PLAN REVIEW

- | | |
|--|--|
| <input type="checkbox"/> Fire Alarm & Detection w/ new Main Control Panel # of devices _____ | <input type="checkbox"/> Wet or Dry Chemical Extinguishing System # of systems _____ |
| <input type="checkbox"/> Fire Alarm & Detection Devices only (incl. extender panel) or household system # of devices _____ | <input type="checkbox"/> Smoke Control System # of systems _____ |
| <input type="checkbox"/> Fire Sprinkler System (incl. combined standpipes) # of heads _____
Water supply: <input type="checkbox"/> Rockville <input type="checkbox"/> WSSC | <input type="checkbox"/> Gaseous Extinguishing System # of pounds _____ |
| <input type="checkbox"/> NFPA 13D Fire Sprinkler System (one dwelling/permit) # of heads _____
Water supply: <input type="checkbox"/> Rockville <input type="checkbox"/> WSSC | <input type="checkbox"/> Foam System # of heads/nozzles _____
Water supply: <input type="checkbox"/> Rockville <input type="checkbox"/> WSSC |
| <input type="checkbox"/> Standpipe System # of risers _____
Water supply: <input type="checkbox"/> Rockville <input type="checkbox"/> WSSC | <input type="checkbox"/> Water Mist System # of cu. ft protected _____
Water supply: <input type="checkbox"/> Rockville <input type="checkbox"/> WSSC |
| <input type="checkbox"/> Add Fire Hose Valve to existing system # of FHV's _____
Water supply: <input type="checkbox"/> Rockville <input type="checkbox"/> WSSC | <input type="checkbox"/> FirePump # of cu. ft protected _____
Water supply: <input type="checkbox"/> Rockville <input type="checkbox"/> WSSC |

Description/explanation of work: _____

I hereby certify that I have the authority to make this application, that the application is correct, and that the installation shall conform to all applicable laws, codes, standards and regulations. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. I have read and understand the "Permit Conditions" listed on the back of this page.

Fee Remitted = \$ _____

Signature of applicant _____ Printed name _____ Phone _____ Date _____

FEES ARE NON-REFUNDABLE

PERMIT CONDITIONS

1. **APPROVED PLANS, WITH COMMENTS, MUST BE RETAINED ON THE JOB UNTIL THE FINAL INSPECTION HAS BEEN MADE. NO BUILDING SHALL BE OCCUPIED UNTIL ALL REQUIRED FINAL AND OCCUPANCY INSPECTIONS HAVE BEEN MADE WHERE APPLICABLE. NO INSPECTION WILL BE MADE WITHOUT THE APPROVED PLANS ON THE JOB SITE. NO WORK COVERED BY THIS APPLICATION MAY BE PERFORMED BEFORE PERMIT ISSUANCE.**
2. The City of Rockville reserves the right to reject any work which has been concealed or completed without first having been inspected and approved for compliance to various codes by the Inspection Services Division.
3. Any deviation from the approved plans must be authorized by the approval of revised plans subject to the same procedure established for the examination of the original plans. This revision approval must be obtained prior to the proposed changes being made in the field.
4. Permits become invalid if installation work is not started within six months from date permit is issued. If work does not continue to progress, the permit will become invalid six months after the last inspection made.
5. All items noted on the job inspection record must be approved and signed by the appropriate agencies and the City. It will be the owner's and/or contractor's responsibility to see that the various inspections are called for and approved.
6. Approval of these plans and/or specifications by the Inspection Services Division SHALL NOT necessarily mean that these plans or specifications, are in full compliance with the City of Rockville Fire Code and other Laws or Ordinances.

The Designer or Engineer certifying these plans is charged with responsibility for the compliance of the plans with the Fire Code and other Laws and Ordinances. Issuance of a permit does not constitute a waiver or variance from any law or ordinance governing this construction.

The issuance of a permit shall not prevent the Inspector from thereafter requiring a correction of error or violation in plans or construction. The designer or engineer shall file a verified report or certificate at completion of installation that the system has been installed in accordance with the approved plans and all applicable codes, standards and ordinances.

7. The applicant, owner, and/or operator of the property address under this permit, hereby consents to all necessary inspections made by the City of Rockville to enforce all existing codes, ordinances, and/or regulations of the City of Rockville.
8. This permit does not relieve the owners, or any person in possession or control of the building, from obtaining such other permits or licenses as may be prescribed by law for the uses or purposes for which the building is designed or intended; nor from complying with any lawful order issued with the object of maintaining the building in a safe or lawful condition.

Any individuals with disabilities who would like to receive the information in this publication in another form may contact the ADA Coordinator at 240-314-8100; TTY 240-314-8909.