



Cheltenham Township
 8230 Old York Road
 Elkins Park, PA 19027-1589
 215-887-6200 x235
 215-887-1561 (fax)
 www.cheltenham-township.org

Cheltenham Township Sprinkler System Application

FIRE SPRINKLER SYSTEM

I. LOCATION

Address

II. PROPERTY/ BUSINESS OWNER

Name	Address
Phone #	City, State, Zip

III. CONTRACTOR (Installing contractor is responsible for all permit requirements)

Name	
Address	Phone #
City, State, Zip	Fax #

IV. APPLICANT SAME AS OWNER SAME AS CONTRACTOR

Name	Relationship to owner
Address	Phone #
City, State, Zip	Fax #

IV. PROPOSED WORK (Check all that apply)

A.	<input type="checkbox"/> NFPA 13	<input type="checkbox"/> NFPA 13D	<input type="checkbox"/> NFPA 13R	<input type="checkbox"/> Limited Area	
B.	<input type="checkbox"/> Wet	<input type="checkbox"/> Dry	<input type="checkbox"/> Preaction	<input type="checkbox"/> Deluge	<input type="checkbox"/> Combination
C.	<input type="checkbox"/> New	<input type="checkbox"/> Retrofit	<input type="checkbox"/> Modification	<input type="checkbox"/> Addition	
D.	<input type="checkbox"/> High Pile	<input type="checkbox"/> Rack Storage	<input type="checkbox"/> Special Occupancy Requirements		
E.	<input type="checkbox"/> Pump	<input type="checkbox"/> Vertical Shaft Centrifugal	<input type="checkbox"/> Horiz. Shaft Centrifugal	<input type="checkbox"/> Other	
	<input type="checkbox"/> Elec. Drive	<input type="checkbox"/> Elec. Drive Alt Source Provided	<input type="checkbox"/> Diesel Drive		
F.	<input type="checkbox"/> Standpipe	<input type="checkbox"/> Class I	<input type="checkbox"/> Class II	<input type="checkbox"/> Class III	
	<input type="checkbox"/> Wet	<input type="checkbox"/> Manual Wet	<input type="checkbox"/> Manual Dry	<input type="checkbox"/> Semiautomatic Dry	

Applicant is required to submit, three sets each of: Plans, hydraulic calculations, water supply tests, specifications, etc., as required for review. Plans are to conform to the requirements of The 2015 IFC and NFPA 13 for submittals. (The requirements of NFPA 12, 14, 20 and 24 when or if applicable) Plans may require to be sealed by a registered PA PE or signed by NICET System Layout Certified Level III reviewer. The Township reserves the right to require a third party review at the applicant's expense.

Indicate proposed work

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IV. PROPOSED WORK (Con't)
[Large empty table for describing proposed work items]

V. FEE: A: Permit: \$ 45.00 for first \$ 1,000.00 and \$ 30.00 per additional \$1,000.00 or portion thereof.
B: UCC Training fee: \$4.50. C: Plan review fee if required. (Contact the Fire Marshal's Office)

Table with 3 columns: Fee Description, Fee Amount, Total Fee. Rows include: Est. Cost of work, Permit Fee, UCC Training Fee, Plan Review Fee (If Applicable), Total fee.

Account # 01-000-R-1029-002

VI. TOWNSHIP REVIEW

Permit #: Reviewed By: Approved By:

Proof of Workers Comp Insurance and Naming the Township as Additional Insured Received? () YES

Applicant Signature: _____ Date: ____/____/____

Print Name: _____

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