

# Epping Fire Department

---

**Donald DeAngelis, Chief**

*Bruce Chapman, Deputy Chief*

*Richard Rodier, Deputy Chief*

37 Pleasant Street  
Epping, New Hampshire 03042  
(603) 679-5446 Fax (603-679-3005)

## Application for Commercial Suppression System

Permit will be issued upon documentation that the system conforms to NFPA 1, NFPA 17, or NFPA 17 a editions as approved and outlined by the system manufacturer. Three copies of system calculations and drawings showing piping, nozzles, bottle locations and pull stations must accompany application.

Application is to:  Install  Extend  Modify

Type of system:  Wet Chemical  Dry chemical

System is:  Pre-Engineered  Engineered

### Installation Site:

Business name: \_\_\_\_\_

Owner/Occupant: \_\_\_\_\_

Address: \_\_\_\_\_

### Installation Company:

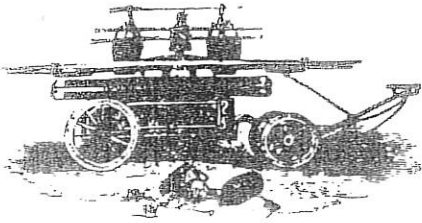
Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**Application must be submitted to Epping Fire Department for approval.  
Permits for approved systems must be picked up at Epping Fire Department.  
No work shall begin until a permit has been issued for an approved system.  
All inspection requests require a minimum notice of 48 hrs.**

Code Enforcement Approved: \_\_\_\_\_ Date Received: \_\_\_\_\_



# Epping Fire Department

EPPING SAFETY COMPLEX  
37 PLEASANT STREET  
EPPING, NEW HAMPSHIRE 03042



BUSINESS PHONE: 679-5446

FAX: 679-3000

E-MAIL: eppingfd@comcast.net

## PERMIT SUPPRESSION SYSTEM FOR COMMERCIAL COOKING HOODS

**Installation site:**

Permit # \_\_\_\_\_

Business

Name: \_\_\_\_\_

Owner/

Occupant: \_\_\_\_\_

Address: \_\_\_\_\_

**Installation Company:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Fire Department permits the installation of approved system on: \_\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_ Acceptance test witnessed by Epping Fire Department

\_\_\_\_ System tagged for service by installer

**No work shall begin until a permit has been issued for an approved system.**

**All inspection requests require a minimum notice of 48 hours.**

**All change orders must be submitted to Epping Fire Department for approval.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

System approved for use on \_\_\_\_\_ by Epping Fire Department.

Signature of Fire Inspector: \_\_\_\_\_