FIRE PROTECTION PERMIT APPLICATION
TOWNSHIP OF MIDDLETOWN
LANGHORNE, PENNSYLVANIA
COUNTY OF BUCKS

FEDERAL TAX ID# EIN _____
*Required for all Non-Residential Permits
TAX MAP NO. 22_____ DATE_____ PROJECT NO._____

ADDRESS OF CONSTRUCTION SITE _____
_____
_____
_____

Property Owner
NAME_____
STREET_____
CITY_____ STATE_____ ZIP_____
DAYTIME PHONE #_____
EMAIL _____

Tenant
NAME_____
STREET_____
CITY_____ STATE_____ ZIP_____
DAYTIME PHONE #_____
EMAIL _____

Contractor
NAME_____
STREET_____
CITY_____ STATE_____ ZIP_____
DAYTIME PHONE #_____
EMAIL _____
MIDDLETOWN TWP. CONT. LIC# _____

SPECIAL SUPRESSION SYSTEMS/HOOD **FEE**
Type: Dry Chem_____CO2_____Foam_____ Other_____
Manual Pull Yes_____ No_____
Auto Fuel Disconnect Type_____
Hood System_____ Res. _____ Non-Res. _____
Location: _____
_____ # of Systems $_____

SPRINKLERS/STAND PIPES **FEE**
Type: Wet _____ Dry_____ Existing_____ New_____
Other_____
Type: Manual_____ Automatic_____
Area Sprinklered Full_____ Partial_____
Water Supply Source _____
Size _____
Supervisor Type: Remote_____ Local_____
Proprietary_____ Central_____
_____ # of Floors/Zones $_____
_____ # of Head/Outlets _____ # of Spare Heads $_____
_____ Pumps (fire) $_____
_____ Minimum Inspection $_____
Total Column One **$_____**

I hereby acknowledge that I have read this application and state the above is correct and agree to comply with all Township ordinances and State Laws regarding construction.

_____
OWNER OR APPLICANT
DATE_____

FIRE ALARM/DETECTION **FEE**
Fire Alarm System: _____ Existing _____ New
Type: _____ Manual _____ Automatic
Supervision Type: _____ Remote _____ Local
_____ Proprietary _____ Central

Fire Detection System
_____Res Multi-Family / Instit _____ Non-Residential
_____Number of Floor / zone $_____
_____Number of Head/Appliance/Outlet/Nozzle $_____
_____Number of Horns/Strobes/Bells/Pull Stations $_____
_____Number of Duct/Heat/Smoke Detectors $_____
_____Other _____ $_____
_____Other _____ $_____
_____Other _____ $_____

OTHER **FEE**
_____Fire Wall (Levittown) $_____
_____Levittown Heater – Type_____ $_____
_____ $_____
_____ $_____
_____ $_____
_____ $_____
_____ $_____
Review Fee _____ % _____ $_____
State _____ $_____
_____ $_____
Total Column Two **$_____**
TOTAL FIRE PROTECTION PERMIT FEE **$_____**

_____
THE ABOVE APPLICATION HAVE BEEN APPROVED