

Applicant Information:

## **EXETER FIRE DEPARTMENT**

20 COURT STREET, EXETER, NH 03833-2716
Tel 603.773.6133 Fax 603.773.6128
JUSTIN D. PIZON, CHIEF OF DEPARTMENT

Project Address:

## **PERMIT FOR WORK**

Business Name:		
Address: Agent/Phone:		
Type of Permit:	Fire Alarm	Fire Suppression
	Installation	Modification
	Blasting Permit	Fireworks
Issue Date:		Permit Number:
- Fire Alarm - Suppressio - Blasting pe	install shall meet NFPA 7 on Installation shall meet I	olly and stamped by a licensed FPE 10 and NFPA 72 NFPA 13, NFPA 14, NFPA 96 olasting license and proof of insurance
Plans Submitted: Y	YES NO	
Comments:		
\$25.00 Permit Fee Paid:	Reference Nun	nber:
Submit completed form to	o the Fire Prevention Office at jfr	itz@exeternh.gov
OWNER, OR DULY AUT		FORM, THE INFORMATION GIVEN IS CORRECT, AND THAT I AM THE NER'S BEHALF AND AS SUCH HEREBY AGREE TO COMPLY WITH ITION CODE.
Applicant Signature:		Date:
Fire Official:		Date: