



Department of Permitting Services  
 Division of Building Construction  
 255 Rockville Pike, 2nd Floor  
 Rockville, MD 20850-4166  
 Phone: 311 in Montgomery County or (240) 777-0311  
 Fax (240)-777-6262  
 http://www.montgomerycountymd.gov/permittingservices



## Fire Protection System Application

**Building Permit #** \_\_\_\_\_ **Fire Protection Systems Permit #** \_\_\_\_\_

**A. Specify Type of Permit:** (check one and fill in)

**Type of Permit:** Check one and fill in:

- |  |                               |
|--|-------------------------------|
| <input type="checkbox"/> Fire alarm/detection (devices, main control panels,<br>Household devices and control panels): | No. of Devices: _____         |
| <input type="checkbox"/> CO2 or Clean Agent System:  | No. of systems: _____         |
| <input type="checkbox"/> Sprinkler System  | No. of sprinkler heads: _____ |
| <input type="checkbox"/> Standpipe System (combined or stand-alone):   | No. of risers: _____          |
| <input type="checkbox"/> Additional hose valves on existing systems:   | No. of new valves: _____      |
| <input type="checkbox"/> Dry or Wet Chemical System:   | No. of systems: _____         |
| <input type="checkbox"/> Fire Pump   | No. of Pumps: _____           |

**B. Applicant Information:**

Applicant/Company Name \_\_\_\_\_ **Contact ID #** \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_  
 Montgomery County License # \_\_\_\_\_ **(Sprinkler Contractors only)**

**C. Check One for Fast Track:**

- Sprinkler (covering < 5,000 square feet without calculations)  
 Fire Alarm (1 Zone without main control panel)

**D. Overtime Review:**

Overtime review requested for additional 25% charge, sign here: \_\_\_\_\_

**E. Explanation of Work:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**H. Project Information:**

Project Name \_\_\_\_\_  
 Project Address(s) \_\_\_\_\_  
 \_\_\_\_\_  
 Project Owner Name (tenant for tenant jobs) \_\_\_\_\_  
 Owner Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

**I. To Be Read by Applicant:**

False or misleading information on this application may result in its rejection. A condition for the issuance of this permit is that the proposed work will comply at all times with applicable codes and reviewed plans. I hereby declare and affirm, under the penalty of perjury, that all matters and facts set forth in this permit application and the documents that accompany it, are true and correct to the best of my knowledge, information, and belief.

**I AGREE THAT THE FILING FEE IS DUE AND PAYABLE UPON APPLICATION AND THE BALANCE OF THE PERMIT FEE IS DUE UPON ISSUANCE**

Date \_\_\_\_\_ Applicant Name (PRINT) \_\_\_\_\_ Applicant Signature \_\_\_\_\_

**J. For Department of Permitting Services Use Only:**

Reviewer \_\_\_\_\_ Screened by \_\_\_\_\_  
 Date Review Done \_\_\_\_\_ Approved \_\_\_\_\_ Rejected \_\_\_\_\_

## Schedule of Fees

TYPE OF SYSTEM	FEE CALCULATION	FEE
Fire Alarm & Det. Systems	\$31 per device x _____ # devices =	
CO2, Clean Agent Systems or Halon	\$760 per system x _____ # systems =	
Sprinkler System	\$7.00 per sprinkler head x _____ # of heads =	
Standpipe Systems	\$525 per riser x _____ # of risers =	
Added hose valves on existing S.P.	\$355 per hose valve x _____ # of hose valves =	
Dry or Wet Chemical Existing System	\$465 per system x _____ # of systems =	
Fire Pump	\$600 per pump x _____ # of pumps =	

**Subtotal** \_\_\_\_\_

**Fire Alarm Resubmittal - \$31/device:** \_\_\_\_\_

**Sprinkler Resubmittal - \$7/sprinkler head:** \_\_\_\_\_

**Other Resubmittal - \$155 (includes CO2, Clean Agent Systems,  
 Fire Pumps, Added Hose Valves, Dry/Wet Chemical):** \_\_\_\_\_

**Add overtime fee: (25% of the original fee)** \_\_\_\_\_

**Add automation enhancement fee (5% of plan review fee):** \_\_\_\_\_

**Final Fee:** \_\_\_\_\_

**Subtract Filing Fee:** \_\_\_\_\_

**Balance Due at Pickup:** \_\_\_\_\_