



MEDFORD FIRE

Suppression System Permit Application

(Provide two sets of plans)

APPLICATION #: _____
(Issued by Fire Department)

Name of Applicant: _____

Mailing Address: _____

Telephone Number: (Home) _____ (Work) _____

Site Address: _____ E-mail: _____

Contractor Start Date: _____ Inspection Request Date/Time: _____

Other Pertinent Information: _____

Type of Permit

Fees*

- | | |
|---|-------|
| <input type="checkbox"/> Commercial Kitchen Hood Suppression system | \$100 |
| <input type="checkbox"/> Paint Spray Booth Suppression System | \$100 |
| <input type="checkbox"/> Clean Agent Suppression System | \$100 |
| <input type="checkbox"/> Other: _____ | \$100 |

Make checks payable to the City of Medford

*Fees will not be charged if fees were already paid to Building Department for suppression system permit.

All work shall be in full compliance with State and Local applicable codes, standards, and statutes. The Contractor shall be certified by manufacturer to install and maintain engineered fire suppression systems. The Applicant/Installer is responsible to notify Medford Fire-Rescue a minimum of 24 hours prior to request for inspection.

Issued By: _____ Date: _____
(Fire Code Official)

LIABILITY: THIS PERMIT DOES NOT RELIEVE THE PERMITTEE FROM CRIMINAL OR CIVIL LIABILITY FOR DAMAGES ARISING FROM EVENTS OCCURRING UNDER HIS/HER CONTROL. VIOLATIONS OF THE REQUIREMENTS MAY RESULT IN THE ISSUANCE OF A CITATION OR CIVIL PENALTY.

I have read and understand the above and agree to the conditions.

Permittee or Permittee's Agent: _____ Date: _____
(Signature)

PERMIT INVALID WITHOUT SIGNATURE AND FIRE DEPARTMENT SIGN-OFF