



TOWN OF GROTON

APPLICATION FOR SPRINKLER SYSTEM PERMIT

Please Print

DATE: _____ PERMIT # _____ VALUE: _____

PERMIT FEES: _____ STATE FEES: _____ TOTAL: _____

ADDRESS OF BUILDING: _____

OWNER: _____

OWNER'S ADDRESS: _____

CONTRACTOR: _____

CONTRACTOR'S ADDRESS: _____

DESCRIPTION OF WORK: _____

CERTIFICATION: I hereby certify that: I am the owner of record of the named property or that the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent, and we agree to conform to all applicable laws, codes, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief.

FIRE PROTECTION ENGINEER (If applicable) LICENSE #

CONTRACTOR LICENSE #

COMPANY PHONE #

COMPANY ADDRESS

APPROVED _____
Building Official

This permit shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance. Refunds will be subject to the refund policy.