



City of Annapolis
Department of Planning and Zoning
 145 Gorman Street, 3rd Fl
 Annapolis, MD 21401-2529

FOR CITY USE ONLY	
PERMIT #	_____
ISSUED	_____
EXPIRES	_____

Permitting@annapolis.gov • 410-260-2200 • Fax 410-263-9158 • TDD use MD Relay or 711 • www.annapolis.gov

Fire Protection System Permit

General Information

1. All work subject to field inspection and/or testing. NFPA 13D and 13R systems shall require a “bucket test”.
2. No work shall start prior to sprinkler permit issuance.
3. The editions of NFPA 13, 13D, 13R, 14 and 303 referenced by the State Fire Prevention Code are adopted by the City of Annapolis.
4. Plans and manufacturers’ specs are required.
5. The permit is valid for work commenced within a period of 120 days after issuance. Otherwise, it is void and of no effect. The permit shall be for periods as the fire chief determines, not to exceed 1 year.
6. Issued sprinkler permits are not transferable for any reason.
7. All fees are not refundable for any reason.

Job Location _____ Related Building Permit # _____

Property Owner _____ Phone, day _____

Property Owner Address _____

Occupant _____ Phone, day _____

If commercial, business trading as _____

Fire Protection Company _____

Address _____

Phone, day _____ State FMO License No. _____

E-mail address _____ Fax _____

Proposed Work New building Existing building Other _____
 Residential Commercial Other (explain) _____

Extent of Work _____

Total New Installation	Alter Existing	Replace Existing	Service Work
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Standpipe System

NFPA 13 System

NFPA 13R System

NFPA 13D System

Fire Suppression System

Cost of entire installation, including material and labor _____

Special Conditions

I certify and agree as follows that I am authorized to make this application; that the information above is correct; that I will comply with all the conditions, rules, regulations, codes and ordinances of the City of Annapolis that is applicable hereto; that I will perform no work on the above property not specifically described hereon.

Signature of Licensed Sprinkler Contractor _____ Date _____

FOR CITY USE ONLY

Total Fee due _____

Special Conditions:

Permit final date _____ Inspector's Signature _____