

TOWNSHIP OF CUMRU

1775 WELSH ROAD
MOHNTON, PA. 19540
www.cumrutownship.org

FIRE PROTECTION PERMIT

Note: “ A PERMIT MAY BE DENIED IN ACCORDANCE WITH THE PROVISIONS OUTLINED IN ACT 90 OF 2010, THE NEIGHBORHOOD BLIGHT RECLAMATION AND REVITALIZATION ACT”

AN OWNER’S AFFIDAVIT OF CONSENT MUST BE FILLED OUT; OR A LETTER OF AUTHORIZATION FROM THE OWNER MUST BE ATTACHED.

Date: _____

Permit #: _____

Please check one: Residential: Commercial:

Job Location: _____

Owner: _____

Address: _____

Phone #: _____

Email: _____

Contractor: _____

Address: _____

Phone #: _____

Email: _____

Prefer Contact: Phone Email

ALL WORK SHALL CONFORM TO APPLICABLE STATE CODES

Please submit two (2) sets of plans and specifications.

Attach Worker’s Compensation Insurance Coverage

Fee Charge

Residential:

<input type="checkbox"/> Permit Processing Fee	\$50.00	_____
<input type="checkbox"/> Monitored Sprinkler, Alarm and Security Systems	\$100.00	_____
<input type="checkbox"/> State Surcharge	\$4.50	_____
	Total:	_____

Commercial:

<input type="checkbox"/> Permit Processing Fee	\$50.00	_____
<input type="checkbox"/> Kitchen Exhaust and Pre-Engineered Fire Suppression Systems	\$150.00	_____
<input type="checkbox"/> Fire Alarm Systems Review 20,000 sq. ft. or less	\$250.00	_____
<input type="checkbox"/> Fire Alarm Systems Review Over 20,000 sq. ft.	\$500.00	_____
<input type="checkbox"/> Fire Sprinkler Systems Review 20,000 sq. ft. or less	\$250.00	_____
<input type="checkbox"/> Fire Sprinkler Systems Review Over 20,000 sq. ft.	\$500.00	_____
<input type="checkbox"/> State Surcharge	\$4.50	_____
	Total:	_____

Signature: _____

Print Name: _____ Owner: Contractor: Applicant:

BCO: _____ **Date Approved:** _____ **Date Completed:** _____