



Watertown Fire Rescue
Fire Prevention Division
Alternative Automatic Fire-Extinguishing
System Permit Application

Permit No. _____ App. Date: _____
 Receipt No. _____ Issue Date: _____
 Fee: \$ _____ Approved By: _____

Installation Location
 Owner/Business: _____
 Address: _____
 Watertown, SD _____
 Phone No.: _____

Installer
 Name: _____
 Address: _____
 City: _____ State: _____ Zip _____
 Phone No.: _____

General Contractor
 Name: _____
 Address: _____
 City: _____ State: _____ Zip _____
 Phone No.: _____

System Design
 NFPA 11 NFPA 11A NFPA 12
 NFPA 16 NFPA 17 NFPA 17A
 NFPA 2001 Other _____

System Information
 1. System Manufacturer _____
 2. Agent Dry Chemical CO2
 Wet Chemical Intergen
 FE-13 (HFC-23) FM200
 Other _____
 3. Quantity of Agent _____
 4. Location of Cylinders _____

 5. Releasing System:
 Mechanical
 Electrical (Fire Alarm Permit required)

A separate permit is required for each coverage area/room.
 Two sets of drawings, one digital, one paper, and one submittal book shall be submitted with each permit application for review. The applicant will receive permit after plan review.
NO WORK SHALL COMMENCE WITHOUT A PERMIT

PLEASE PRINT NEATLY

Building Use
 Assembly: _____ Warehouse: _____
 Office (B) _____ Educational (E) _____
 Residential: _____ Institutional: _____
 Others: _____ specify

Description of Work
 (Detailed explanation of area and extent of work to be performed)
 Design and installation shall be in accordance with current edition of NFPA.

Kitchen Type Hood System
 1. Number of Heads: Surface _____
 Duct _____ Plenum _____
 2. Size of Hood: Width _____
 Depth _____ Height _____
 3. Fuel and Power Shutoffs: (required for all sources)
 Electrical Mechanical
 4. Appliances under the hood: _____

1. Design density by percentage _____
 2. Nozzles Type _____
 Flow rate _____
 3. Total system discharge time in seconds _____

Applicant
 I, the undersigned, do hereby affirm that the statements contained on this form are true and correct. I further agree to comply with the provisions of applicable ordinances of the City of Watertown and the approved plans and specifications submitted with this application.
 In addition, it is understood that the installation of systems shall be made only by persons properly trained and qualified to install the specific system being provided. The installer certifies to this authority that the installation is in complete agreement with the terms of the listing and manufacturer's instructions and/or approved design plan.
 Signature: _____
 Name (print): _____

Fee Calculation Schedule

Alternative Automatic Fire-Extinguishing System

Agent Type	Number of Items	Unit Fee	Subtotal
1. Dry or Wet Chemical System (per coverage area)		\$100.00	
2. Clean Agent System (per coverage area/room)		\$100.00	
3. Total lines 1 and 2 (if both applicable)			
4. System Modification		\$50.00	
5. Expedited Plan Check Review Fees (50% of Item 3)			
6. Grand Total			

**Fire Prevention Division
Watertown Fire Rescue
129 1st Ave NW
Watertown, SD 57201**

605-882-5030 / firepermits@watertownfirerescue.com