



# SEABROOK FIRE DEPARTMENT

87 Centennial Street

Seabrook, NH 03874

Phone: 603-474-2611 Fax: 603-474-5187

seabrooknh.info

William J Edwards  
Fire Chief  
603-474-3880

Lawrence "Koko" Perkins  
Deputy Fire Chief  
603-474-5300

## APPLICATION FOR SUPPRESSION SYSTEMS COMMERCIAL COOKING HOODS

(Permit fee \$100.00 payable to "Town of Seabrook")

**\$200.00 re-inspection for any system that fails any test**

Permit will be issued upon documentation that the system conforms to NFPA 1, NFPA 17, NFPA 17A and NFPA 96 editions as approved and as outlined by the system manufacturer. **For a pre-engineered system, an installation manual for the exact make and model system must be submitted with this application for a permit.** We have some installation manuals on file. Please call in advance to determine if we have the right edition. **Depending on the scope of work, a code review from a NH Fire Protection Engineer could be required before submittal to the Seabrook Fire Department.**

Application is to:       Install       Extend       Modify       Remove

Type of system:       Kitchen Hood Suppression System  
    Wet Chemical       Dry Chemical  
  
 Kitchen Hood Exhaust Cleaning  
  
 Kitchen Hood Suppression FM-200/Halon System  
  
 Spray Booth       Other \_\_\_\_\_

System is:       Pre-Engineered       Engineered

For pre-engineered systems, list page and illustration numbers from manufacturer's booklet.

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- Drawing showing piping, nozzles, hood, duct, bottle location, remote pull station and cooking appliances.
  - Witnessed acceptance test will be required before system is placed into service. Please specify type of test that you intend to perform.



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## **APPLICATION FOR SUPPRESSION SYSTEMS COMMERCIAL COOKING HOODS**

**THIS IS NOT A PERMIT: No work shall begin until a permit has been issued. All inspections including progress inspection requests require a minimum notice of 48 hours.**

Name / Address of Site: \_\_\_\_\_  
*(Including Unit #)*

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Telephone #: \_\_\_\_\_ Company Fax #: \_\_\_\_\_

Scheduled Date: \_\_\_\_\_