



Charter Township of Marquette Fire & Rescue

2801 Venture Dr. Marquette, Michigan 49855
Phone: 906-228-4296 • Fax: 906-228-4297



Sprinkler, Standpipe, & Foam Systems

**NOTE: This Application must be completed and submitted to the Marquette Township Fire Department
Be sure to complete all sections of this form. Please print or type.

Property Owner

Name:		Address:	
Phone:	Fax:	Name of Contact Person:	Contact Phone:
Cell Phone:			
E-Mail Address:			

Job Location

Name:		Address:	
Has a Building Permit Been Obtained for This Project?		Tax ID Number(s):	Zoning District:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		52-08- -	

Contractor Information

Name:		License Number:		Expiration Date:	
Address:		City:		State:	
Phone:		Federal Employer ID Number:			
Cell Phone:					
MESC Employer Number (or reason for exemption):		Workers Compensation Insurance Carrier (or reason for exemption):			
E-Mail Address:					

Type of Job

<input type="checkbox"/> New	<input type="checkbox"/> Special Inspection	<input type="checkbox"/> State Owned	<input type="checkbox"/> Other
<input type="checkbox"/> Alteration	<input type="checkbox"/> LP Tank	<input type="checkbox"/> School	

Plan Review Required

Plans must be submitted with this form as well as an Application for Plan Review and the appropriate deposit made before a permit can be issued, except as listed below.

Plans are required and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear that architect's or engineer's seal and signature.

What is the building size in square footage? _____

Applicant Signature

<i>I certify that the information I have provided is true to the best of my knowledge.</i>	
Signature of Licensee:	Date:

Instructions for Completing Application

Expiration of Permit:

A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within six months after issuance of the permit or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work. A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED OR REINSTATED.

Where to Submit Application:

The Marquette Township Fire Department is responsible for the enforcement of the Charter Township of Marquette Fire Code, NFPA 1 & 101 – 2012 edition and referenced publications in 32-1 NFPA Fire Prevention Code 1. 2012 edition.

Permit applications for issued permits should be sent to the address on the front of this application. If you are not sure whether a local permit is appropriate, contact our office. Questions regarding issued permits may be directed to the Marquette Township Fire Marshal at 906-228-4296.

OFFICIAL USE ONLY

Official Receiving Application (*please print*): _____

Date: _____

Application: Approved Not Approved

Reason: Incomplete Application Other

Date: _____

Fee(s) Paid: Yes No

If Yes, Amount Paid: _____

Signature of Fire Marshal: _____

Date: _____