

Waterford Fire Services  
204 Boston Post Road  
Waterford, CT 06385  
860-440-0544



**Fire Marshal's Office Fee**  
**Per Waterford Town Ordinance Chapter 2.36.075 - Fire Service**

Date request received at Fire Marshal's Office: \_\_\_\_\_

Date Completed Fee Acknowledgment Form Received: \_\_\_\_\_

*I confirm that I have received, read and understand the Waterford Ordinance 2.36.075 - Fire Marshal fee schedule and enforcement. I understand that it is my responsibility to comply with the terms stated in the Ordinance that "No permit or required certificate shall be issued to any party until the fee for such permit or certificate has been submitted with the appropriate application".*

**The undersigned acknowledges ordinance fee listed below and agrees to payment of such fee.**

Company Representative Name (Printed): \_\_\_\_\_

Title: \_\_\_\_\_

Company Representative Name (Signature): \_\_\_\_\_

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

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

Contact Phone Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_

**Property Name and Location:**

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

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Property Billing / Accounts Payable Contact Information:**

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

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Fee Type:**

☐ Inspection - Type of Occupancy: \_\_\_\_\_

☐ Building Review - Square Feet: \_\_\_\_\_

☐ Fire Alarm System Plan Review - Square Feet of Area Protected: \_\_\_\_\_

☐ Sprinkler System Plan - Square Feet of Area Protected: \_\_\_\_\_

☐ Activity Fee: \_\_\_\_\_

Fee Amount \$: \_\_\_\_\_

Fee will be invoiced by the Town of Waterford Finance Department, 15 Rope Ferry Road, Waterford, CT 06385

**Remit completed form to Waterford Fire Services, 204 Boston Post Rd., Waterford, CT 06385**  
**or email: [sdubicki@waterfordct.org](mailto:sdubicki@waterfordct.org) or [kpetereson@waterfordct.org](mailto:kpetereson@waterfordct.org)**