

GORHAM SPRINKLER APPLICATION

This form shall be used to file for a permit to install a sprinkler system in any building within the Town of Gorham. The owner of said building, or the sprinkler contractor may complete this application.

Permit Fee **\$75.00** Payable to Gorham Fire Department

SPRINKLER CONTRACTOR

Name: _____

Mailing Address: _____

Telephone (business hours): Office: _____ Cell: _____

Email Address: _____

(Once your application is approved you will be noticed at the email address listed above)

PROPERTY OWNERS INFORMATION

Name: _____

Address: _____

Telephone (business hours): _____

PROPERTY (actual building location or subdivision name)

Address or Location: _____

Tax Map _____ Block _____ Lot No. _____

New Construction: _____ Renovations: _____ Existing Building: _____

If application is for an existing building, does existing building have a sprinkler system? Yes ___ No ___

If yes, what type of system? NFPA 13 ___ NFPA 13D ___ NFPA 13R ___ Other _____

Existing & Proposed Use (Please describe in detail the proposed use of the property and any proposed structures.)

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Estimated Cost of Addition or Alterations: _____

Is the Estimated Cost of Additions or Alterations from a Contractor? Yes _____ No _____

Number of Occupant Units in Building: _____ Will Additional Units be Added? Yes _____ No _____

If yes, how many _____

Is Building Served By Public Water? Yes _____ No _____

Does the system contain an anti-freeze loop? Yes _____ No _____

Total square footage protected by sprinkler system: _____

Estimated Cost of Sprinkler System: _____ Estimate Given by: _____

Type of System to be installed: NFPA 13 _____ NFPA 13D _____ NFPA 13R _____ Other _____

Number of Risers in System: _____

I certify that the information contained in this application and in its supplements is true and correct.

Date: _____ Applicant Name: _____

Applicant's Signature: _____

OFFICE USE ONLY

Fee paid: _____ Date: _____ Collected by: _____

Date System Plans submitted: _____ Date Plans Approved: _____

Plans Reviewed By: _____ Date Received State Permit: _____

Date Permit Issued: _____ State Permit # _____

Date Test Papers Received: _____ By: _____