

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.

APPLICANT(S) AND CONTRACTOR(S)

Name(s): _____

Mailing Address: _____

Telephone (business hours): _____ Home Phone _____

Email Address: _____

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

The applicant: _____ is the record owner of the property
_____ holds an option to purchase the property.
_____ has contracted to purchase the property.
_____ is the agent for the owner (provide owner's signature on application or letter from owner).
_____ Is the sprinkler contractor installing the system.
_____ holds a lease on the property. List name, address and telephone of owner(s):

PROPERTY OWNERS INFORMATION

Name: _____

Address: _____

Telephone (business hours): _____ Home Phone _____

PROPERTY (actual building location or subdivision name)

Address or Location: _____

Tax Map _____ Block _____ Lot No. _____

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Existing Use _____

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 _____

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

Proposed Alterations or Additions to the Building

Estimated Cost of Addition or Alterations: _____

Is the Estimated Cost of Additions or Alterations from a Contractor? Yes_____ No_____

Assessed Value of Building only by Town of Gorham Assessing Records: _____

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

If yes, how many _____

List all Hazardous Materials and their quantities stored or used in building

Is Building Served By Public Water? Yes _____ No _____

Structure exterior dimensions (Maximum):

Existing - Width (ft) _____ Length (ft) _____ Height (feet) _____ Number of Stories _____

Proposed - Width (ft) _____ Length (ft) _____ Height (feet) _____ Number of Stories _____

No. of rooms _____ Existing Total Cubic Feet in Volume including attic to ridge pole _____

Proposed total cubic feet in volume including attic to ridge pole _____.

Name of sprinkler Contractor_____

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

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

Number of Risers in System _____

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

Date _____ Applicant's Signature _____

Owner's Signature, if required and other than Applicant _____

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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 _____ Issued By _____

Date Test Papers Received _____ By _____

Date Certificate of Occupancy Issued _____

Email Address: _____

