

## **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. \_\_\_\_\_

**PAGE 2**

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 \_\_\_\_\_

=====

**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: \_\_\_\_\_

