



Gilford Fire-Rescue

(603) 527-4758

COMMERCIAL/MULTI FAMILY FIRE ALARM TEST & PERMIT

Street Number: _____ Street: _____

Property Owner: _____ Telephone: _____

Address if different from above: _____

Type of Occupancy: _____ Stories: _____

Installer: _____ Telephone: _____

Equipment to be installed: _____

Number of Initiating Devices: _____ Number of Annunciating Devices: _____ Number of Panel(s): _____

Contractor's Name

Signature of Applicant

Today's Date: _____

Fire Department Use

System Type: _____ **Fee \$** _____ **Check #** _____

Staff Signature _____ **Date Notified DPLU:** _____

Per Device: \$1.00

Date/Time:	Inspector/Disposition
_____ Plan Review	_____
_____ 1 st Rough Inspection	_____
_____ 2 nd Final Inspection	_____
_____ Each Additional Inspection \$30.00	_____

Final Inspection Passed: Inspector: _____ Date: _____