



Gilford Fire-Rescue

(603) 527-4758

**COMMERCIAL/MULTI FAMILY
PLANS REVIEW APPLICATION**

Street Number: _____ Street: _____

Property Owner: _____ Telephone: _____

Address if different from above: _____

Type of Occupancy: _____ Stories: _____

Contractor: _____ Telephone: _____

Explanation of Plans to be reviewed: _____

Contractor's Name

Signature of Applicant

Today's Date: _____

Fire Department Use

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

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

Plans Review Fee: \$.03 per square foot

Date/Time:

Inspector/Disposition

_____ Plan Review

_____ 1st Inspection

_____ 2nd Inspection

Sprinkler Plans Require 3rd Party Review: _____

Final Inspection Passed: Inspector: _____ Date: _____