



Gilford Fire-Rescue

(603) 527-4758

**COMMERCIAL/MULTI FAMILY
SPRINKLER TEST & PERMIT**

Street Number: _____ Street: _____

Property Owner: _____ Telephone: _____

Address if different from above: _____

Type of Occupancy: _____ Stories: _____

Installer: _____ Telephone: _____

Equipment to be installed: _____

Contractor's Name

Signature of Applicant

Today's Date: _____

Fire Department Use

System Type: _____ **Fee \$** 100.00 **Check #** _____

Staff Signature _____ **Date:** _____

Date to Finance: _____ **Date Notified DPLU:** _____

Date/Time: _____ Inspector/Disposition

_____ Plan Review _____

_____ 1st Rough Inspection _____

_____ 2nd Final Inspection _____

_____ Each Additional Inspection \$30.00 _____

Final Inspection Passed: Inspector: _____ Date: _____