

Gilford Fire-Rescue

Phone (603)527-4758 Fax (603)527-4763 FIRE ALARM SYSTEM INSTALLATION PERMIT

Application is hereby made in accordance with the provisions of NFPA 1 Fire Code, Town of Gilford Fire Prevention Code, Saf-C 6000 State Fire Code and regulations made under authority thereof by the undersigned for a permit to install or alter, for the person or persons and at the location named herein, certain equipment for installation, location, performance of fire alarm systems and their components as described below. NFPA 72 is referenced.

Inspection Site Address:				
Property Owner's Name:		Property Owner's Phone:		
Property Owner's Mailing Add	ress:			
Occupancy Type:				
Installation Company Name:		Installer Name:		
Technician Certified: YesN	o Office Phone:		Cell Phone:	
SIGNATURE OF APPLICANT: This application is made with fu	Il knowledge of the curr	ont regulations governin	DATE:	which will be made in
rns application is made with to compliance therewith. By affixing my supervision shall be comple installation instructions	ng my signature to this p	permit application, I agre	e that all work done b	by myself or others under
Commercial System: Commercial System: Commercial Modification: Residential System:			•	
(Fee will be assessed for	all failed permit inspection	s: \$25 first, \$50 second, \$10	0 third and each subsequ	uent re-inspection)
Inspections: Plan Review: Rough-In: Rough-In: Notes:	Pass: Fail: In	spector:spector:spector:	Date/Time:	
Final Inspection APPROVED :	Inspector:		Date/Time:	<u>:</u>
Issued By:Revised: Apr/2017	Date Received:	Office Use Only Check #	Total Paid:	FH