



# Gilford Fire-Rescue

Phone (603)527-4758 Fax (603)527-4763  
**SPRINKLER SYSTEM INSTALLATION PERMIT**

Application is hereby made in accordance with the provisions of NFPA 1 Fire Code, Town of Gilford Fire Prevention Code, Safford 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 sprinkler systems and their components as described below. NFPA 13, 13D & 13R are referenced.

Inspection Site Address: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_ Property Owner's Phone: \_\_\_\_\_

Property Owner's Mailing Address: \_\_\_\_\_

Occupancy Type: \_\_\_\_\_

Installation Company Name: \_\_\_\_\_ Installer Name: \_\_\_\_\_

Technician Certified: Yes \_\_\_ No \_\_\_ Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*This application is made with full knowledge of the current regulations governing such installations, which will be made in compliance therewith. By affixing my signature to this permit application, I agree that all work done by myself or others under my supervision shall be completed in compliance to all applicable code(s), Town of Gilford Ordinances and the manufacturer's installation instructions. Applicant responsible to schedule inspection(s). Permit expires 1 year from issue date. System plans required within 6 months of permit date.*

**Indicate all that apply with a ✓**

- Commercial System: \_\_\_\_\_ Fee: \$100.00 (0 - 10,000sf)
- Commercial System: \_\_\_\_\_ Fee: \$200.00 (10,001+ sf)
- Commercial Modification: \_\_\_\_\_ Fee: \$50.00
- Residential System: \_\_\_\_\_ Fee: \$60.00

**Fee will be assessed for all failed permit inspections: \$25 first, \$50 second, \$100 third and each subsequent re-inspection**

Inspections:

Plan Review: Pass: \_\_\_ Fail: \_\_\_ Inspector: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Rough-In: Pass: \_\_\_ Fail: \_\_\_ Inspector: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Rough-In: Pass: \_\_\_ Fail: \_\_\_ Inspector: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Notes:

Final Inspection **APPROVED**: Inspector: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Office Use Only**

Issued By: \_\_\_\_\_ Date Received: \_\_\_\_\_ Check # \_\_\_\_\_ Total Paid: \_\_\_\_\_ FH \_\_\_\_\_  
Revised: Jan/2018