



Gilford Fire-Rescue

Phone (603)527-4758 Fax (603)527-4763

VENTILATION AND FIRE PROTECTION COOKING EQUIPMENT 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 ventilation and fire protection systems and their components as described below. NFPA 96 is referenced.

Inspection Site Address: _____

Property Owner's Name: _____ Property Owner's Phone: _____

Property Owner's Mailing Address: _____

Type of Occupancy: _____

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 ✓

Ventilation Only: _____ Fee: \$50.00

Ventilation/Suppression System: _____ Fee: \$75.00

System Modification: _____ Fee: \$30.00

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