



SCARBOROUGH FIRE DEPARTMENT

259 US ROUTE ONE, PO BOX 360 SCARBOROUGH ME 04070-0360
 PHONE:207-730-4040 FAX 207-730-4046
 SUBMITTALS@SCARBOROUGHMAINE.ORG
 SCARBOROUGHMAINE.ORG

Application for Fire Suppression System Permit

State Fire Marshall Permit # _____

Project Name: _____ Date: _____
 Property Owner: _____ Phone #: _____
 Physical Address: _____ Fax #: _____
 Email: _____

Type of System: 13 13D 13R Life Safety Hydra-pro
System Design: Wet Dry Pre-Action Deluge
System Monitoring: Water Flow Tamper Low Air

Number and Location of Zones: _____

INSTALLER

Name: _____ Phone #: _____
 Address: _____

MONITORING COMPANY

Name: _____ Phone #: _____
 Address: _____

EMERGENCY NOTIFICATION

Name: _____
 Address: _____
 Phone #: _____

TENANT INFORMATION

Name: _____
 Address: _____
 Phone #: _____

All sprinkler plans must be reviewed and approved by the State Fire Marshall prior to submission to the Scarborough Fire Department.

All sprinkler systems must meet or exceed the requirements of NFPA and the Scarborough Fire Department Sprinkler Ordinance, Chapter 305.

Sprinkler plans, including all applicable hydraulic calculations, must be submitted (10) ten days prior to scheduled meeting and should include 1 set of paper and 1 set digital.

Applicants Signature: _____ Date: _____

APPROVED BY:

Fire Official: _____ Date: _____

Calculate Permit Fee:

Quantity x Rate =		
_____ x \$50.00 =	_____	Minimum Permit Fee
_____ x \$100.00 =	_____	Fire Pump Installations
_____ x \$100.00 =	_____	Fuel Canopy Installations
_____ x \$100.00 =	_____	Kitchen Suppression System Installations
_____ x \$.50 =	_____	Relocation of existing heads (per head)
_____ x \$1.00 =	_____	Each new sprinkler head

Total Amount Due= _____ Date Paid: _____ Check #: _____

Set of paper drawings Digital Copies

Map/Lot: _____

Permit #: _____