



**SCARBOROUGH FIRE DEPARTMENT
Construction Permit Application**

PROJECT NAME: _____

Property Owner: _____ Phone No: _____
Physical Address: _____ Fax No: _____
Mailing Address: _____ Email: _____

Design Professional: _____ Phone: _____
ME Registration #: _____ Fax No: _____
Address: _____ Email: _____

Contractor Name: _____ Phone: _____
Address: _____ Fax No: _____
_____ Email: _____

Site Plan Information

Site Plan Approval: yes no Date: _____

Type of Building New Renovation Addition Occupancy/Tenant Change

Hydrants

Private: (with service contract) _____
Public: (type, condition, record) _____
Tanks: (type, condition, record) _____
Dry Hydrants: (type, location, installer) _____

Fire Lanes (location, signage, review approval): _____

NFPA Classification

<input type="checkbox"/>	Assembly	<input type="checkbox"/>	Educational	<input type="checkbox"/>	Healthcare	<input type="checkbox"/>	Mixed
<input type="checkbox"/>	Detention/Correction	<input type="checkbox"/>	Mercantile	<input type="checkbox"/>	Business	<input type="checkbox"/>	Special
<input type="checkbox"/>	Industrial	<input type="checkbox"/>	Storage	<input type="checkbox"/>	Residential	<input type="checkbox"/>	Other

Construction Type

<input type="checkbox"/>	Fire Resistive	<input type="checkbox"/>	Protected, ordinary	<input type="checkbox"/>	Protected Wood Frame
<input type="checkbox"/>	Protected, non-combustible	<input type="checkbox"/>	Unprotected, ordinary	<input type="checkbox"/>	Unprotected Wood Frame
<input type="checkbox"/>	Unprotected, non combustible	<input type="checkbox"/>	Special:	<input type="checkbox"/>	Other:

State Fire Marshal Construction Permit: Date Permit
 Received: _____ No: _____

Suppression System

When a suppression system is required by any state or local code, law or standard it shall meet the minimum standards of NFPA and the Scarborough Fire Department Sprinkler Ordinance #305.

The system shall be visually inspected before closing in any sprinkled areas.

Fire Marshal Sprinkler System Permit: Date Permit
 Received: _____ No: _____

Local Suppression System Permit Required? Yes ____ No ____

OS&Y Location: (shown on plans) _____

Fire Department Connection Location: _____

Letter from contractor(s) indicating type of system, the NFPA standard used, and that it will meet or exceed applicable NFPA codes and local ordinances. Date: _____

Type of System:					
<input type="checkbox"/> Wet	<input type="checkbox"/> Dry	<input type="checkbox"/> Pre-Action	<input type="checkbox"/> Deluge		
<input type="checkbox"/> 13D	<input type="checkbox"/> Maine Life Safety	<input type="checkbox"/> 13R	<input type="checkbox"/> Hydro Pro	<input type="checkbox"/> NFPA 13	

Number and Location of Zones: _____

System Monitoring:	<input type="checkbox"/> Water Flow	<input type="checkbox"/> Tamper	<input type="checkbox"/> Low Air
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Standpipes:	Class I:	<input type="checkbox"/>	Connection:	<input type="checkbox"/>	2 1/2" nst w/cap
	Class II:	<input type="checkbox"/>		<input type="checkbox"/>	1 1/2" ipt reducer w/cap
	Class III:	<input type="checkbox"/>			
	High Rise Pack Required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Fire Alarm System

Shall meet or exceed NFPA 72, local ordinance; reporting of a fire alarm shall be by function and by zone for both suppression and detection. All parts and/or devices shall be “approved, listed devices”. The enunciators must have sufficient characters to display information in a manner satisfactory to the Scarborough Fire Department.

Local Alarm System Permit Required: Yes _____ No _____

Type of System:	<input type="checkbox"/> Complete	<input type="checkbox"/> Partial
	<input type="checkbox"/> Smoke Detection ONLY	<input type="checkbox"/> Horn / Strobes <i>(strobe must stay on when silenced)</i>

Activation Devices Reporting:

<input type="checkbox"/>	Pull Stations	<input type="checkbox"/>	Smoke Detectors	<input type="checkbox"/>	Heat Detectors	<input type="checkbox"/>	Duct Smokes
<input type="checkbox"/>	Water Flow	<input type="checkbox"/>	Tamper	<input type="checkbox"/>	Low Air	<input type="checkbox"/>	Beam Detectors
<input type="checkbox"/>	Hood System	<input type="checkbox"/>	Extinguishing	<input type="checkbox"/>	Key Box	<input type="checkbox"/>	Other:

Monitoring:	<input type="checkbox"/> Private	<input type="checkbox"/> City Box	City Box #: _____
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Monitoring Company: _____	Phone: _____
Contact Name: _____	Fax No: _____
Address: _____	Email: _____

Fire Alarm Panel location:	_____
Reset Information:	_____
Special Features:	_____

NOTE: Prior notice of at least 5 working days is required for all Occupancy Permits, which will also include testing and verification of all suppression and detection devices and reporting conditions per Municipal Ordinances.

Emergency Devices

Key Box: (locations, keys) _____

Emergency lighting: _____

Exit Signs: (location, lit/not lit) _____

Fire Extinguishers: (location, type, size) _____

MSDS Information: (location) _____

Other: _____

Special features and/or hazards pertaining to this occupancy: _____

ADDITIONAL INFORMATION: _____

The undersigned applicant for a Construction Permit recognizes that a Certificate of Use and Occupancy must be issued before the building, land, or any part thereof, can be occupied or used. An inspection by the Fire Department and Code Enforcement Officer shall be required. All suppression, detection, and alarm vendors are to meet with the Scarborough Fire Department prior to installation of the fire alarm/suppression systems. In addition, by signing this permit you clearly understand that the Town of Scarborough has a local sprinkler and Alarm Ordinance with which you will comply. These Ordinances are provided in this package or are available upon request.

Signature (applicant): _____	Date: _____
Fire Department Official: _____	Date: _____

For FD Use Only Total Sq Footage: _____ Construction Permit Fee: \$ _____ Date Paid: _____ Check No: _____

Please make all checks payable to the Town of Scarborough.