



SCARBOROUGH FIRE DEPARTMENT Fire Suppression System Permit

Permit Fee: \$100.00

PROJECT NAME: _____

Fire Marshal's Permit No: _____

Physical Address: _____

Property Owner: _____

Phone No: _____

Mailing Address: _____

Fax No: _____

Email: _____

System Installer

Contractor Name: _____

Phone: _____

Address: _____

Fax No: _____

Email: _____

Type of System: 13 13D 13R Life Safety Hydra-pro

System Design: Wet Dry Pre-Action Deluge

Number and Location of Zones: _____

System Monitoring: Water Flow Tamper Low Air

All sprinkler plans must be reviewed and approved by the State Fire marshal 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.

Fire Department Use Only

Applicant: _____ Date: _____

Fire Official: _____ Date: _____

For FD Use Only Permit Fee: \$ _____ Date Paid: _____ Check No: _____