



Raymond Fire Rescue Department

Fire Sprinkler System Permit Application

1443 Roosevelt Trail

Raymond, Maine 04071

Office of Fire Prevention 207-655-1187

Project Address: _____

Applicant Name: _____ Email: _____

Applicant Address: _____ Phone: _____
City _____ State _____ ZIP _____

Installation Type New Renovation Addition

Occupancy Type	Residential	<input type="checkbox"/>	Apartment	<input type="checkbox"/>	Office	<input type="checkbox"/>	Gas Pumps	<input type="checkbox"/>	
	Industrial	<input type="checkbox"/>	Lodging	<input type="checkbox"/>	Educational	<input type="checkbox"/>	Medical	<input type="checkbox"/>	
	Retail	Over 3000 sf <input type="checkbox"/>	Under 3000 sf	<input type="checkbox"/>	Other	_____			
Hazard Class									
Light	<input type="checkbox"/>	Ordinary 1	<input type="checkbox"/>	Ordinary 2	<input type="checkbox"/>	Extra Hazard 1	<input type="checkbox"/>	Extra Hazard 2	<input type="checkbox"/>

Sprinkler Contractor _____								
Application shall be accompanied by a copy of the Permit issued by the Office of State Fire Marshal Submit with application plans and calculation submitted with State Sprinkler Permit								
Sprinkler System Type NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> Me Life Safety <input type="checkbox"/>								
<i>(A fire department connection shall be installed on all sprinkler systems installed in Raymond – contact department for requirements)</i>								
Sprinkler Installation Type								
Wet	<input type="checkbox"/>	Dry	<input type="checkbox"/>	Foam	<input type="checkbox"/>	Combination	<input type="checkbox"/>	
Pre-Action System:	<input type="checkbox"/>	Single	<input type="checkbox"/>	Double	<input type="checkbox"/>			
Pipe Material: _____								
Fire Pump	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Rated Capacity:		_____	gpm at	_____	psi
Water Source	Public <input type="checkbox"/>	Private	<input type="checkbox"/>	Tank	<input type="checkbox"/>	Tank Capacity	<input type="checkbox"/>	
US Gallons								

Fire Department Use Only					
Permit No.	_____	Issue Date:	_____	Issued By:	_____
Inspection Date:	_____				