



Raymond Fire Rescue Department
 Fire Sprinkler System Permit Application
 1443 Roosevelt Trail
 Raymond, Maine 04071
 Office of Fire Prevention 207-655-1187 EXT 217

Applicant/Owner	Fee	\$
Name _____	_____	
Installation Address _____	_____	
City _____	State _____	Zip Code _____
Telephone _____	Email _____	_____
Mailing Address (if different from above)		
Name _____	_____	
Mailing Address _____	_____	
City _____	State _____	Zip Code _____

Installation Type	New Installation <input type="checkbox"/>	Renovation <input type="checkbox"/>	Addition <input type="checkbox"/>		
Occupancy Type	Single Family <input type="checkbox"/>	Duplex <input type="checkbox"/>	Apartment <input type="checkbox"/>	Office <input type="checkbox"/>	Medical <input type="checkbox"/>
	Industrial <input type="checkbox"/>	Lodging <input type="checkbox"/>	Educational <input type="checkbox"/>	Gas Pumps <input type="checkbox"/>	
Retail	Over 3000sf <input type="checkbox"/>	Under 3000sf <input type="checkbox"/>	Other <input type="checkbox"/>		
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"/>

Installation Company					
Company Name _____					
Street Address _____					
City _____		State _____		Zip Code _____	
Telephone _____			Email _____		

Submit this application with the sprinkler permit issued by the State Fire Marshal's office, plans, hydraulic calculations, data sheets (fire pump, pump controller, horn/strobe, etc.), and copy of fee payment receipt from town clerk's office.

Sprinkler System Type	NFPA 13 <input type="checkbox"/>	NFPA 13R <input type="checkbox"/>	NFPA 13D <input type="checkbox"/>	Me Life Safety <input type="checkbox"/>
Sprinkler Installation Type	Wet <input type="checkbox"/>	Dry <input type="checkbox"/>	Foam <input type="checkbox"/>	Combination <input type="checkbox"/>
(A fire department connection shall be installed on all sprinkler systems installed in Raymond - contact Fire Department for requirements)				
Pre-Action System	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 _____ US gal

Signature of Applicant or Authorized Agent	Date	Fire Rescue Authorizing Signature Wayne.jones@raymondmaine.org Or 207-894-4046	Date
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