



TOWN OF MILFORD

FIRE DEPARTMENT

39 SCHOOL STREET
MILFORD, NEW HAMPSHIRE 03051



Bureau of Fire Prevention & Investigation
(603) 249-0680

Alternative Fire Suppression System Plan Review Application

All applicable sections of the form shall be completed prior to submission. Sections that are not applicable to the project shall be marked N/A. Applications that are deemed incomplete will be returned and project review will not begin.

Building Information

Tax Map and Lot #:		Building Address:	
Property Owner Name:			
Property Owner Address:			
Property Owner Phone:		Property Owner Email:	
Type of Building:		Occupancy Classification:	
Construction Type:	Total Square Feet:	Area Protected Sq. Ft.:	
Commercial Kitchen System?	Commodity Classification:	Hazard Classification:	

Installer and Designer Information

Installation Company:		Address:	
Project Manager or Field Supervisor Name:		Phone:	
Project Manager or Field Supervisor Email:			

Designer Name:	Phone:
Designer Email:	

System Information

Type of System:	Wet Chemical:	Dry Chemical:	Carbon Dioxide:	Clean Agent:
# of Control Units:	# of Nozzles:	# of Agent Tanks:	# of Fusible Links:	# of Manual Pull Stations:
<p>*Note: New systems controlled by a releasing fire alarm panel will also require a fire alarm permit and review. Control units and manual pull stations should be omitted from this application and instead included on the fire alarm review application in such cases.</p>				

Submitter Information

Submitted By:	Submitter Title:	Date Submitted: