



TOWN OF MILFORD

FIRE DEPARTMENT

39 SCHOOL STREET
MILFORD, NEW HAMPSHIRE 03051



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

Fire Alarm 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:	
# of Levels Above Grade:	# of Levels Below Grade:	Total Square Feet:	
Construction Type:	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:	Conventional:	Addressable:	Suppression Release:	
# of Panels:	# of Annunciators:	# of Power Supplies:	# of Smoke Detectors:	
# of Heat Detectors:	# of CO Detectors:	# of Monitor Modules:	# of Pull Stations:	
# of Output Relays:	# of A/V Devices:	# of Remote Test Switches:	# of Door Holders:	
Reporting Means to Fire Department:	Master Box:	Tel DACT:	Cell DACT:	1221 Radio Box:

Submitter Information

Submitted By:	Submitter Title:	Date Submitted: