

TOWN OF MILFORD

FIRE DEPARTMENT

39 SCHOOL STREET

MILFORD, NEW HAMPSHIRE 03051



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

Fire Department 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: | | | | |
| | | | | |
| Is this on ovisting building? V/M | | If existing, year built or of last major renovation: | | |
| Is this an existing building? Y/N | | | int of of fast major renovation. | |
| | | | | |
| Type of Building: | | Occupancy Classification: | | |
| | | | | |
| # of Levels Above Grade: | # of Lev | vels Below Grade: | Total Square Feet: | |
| | | | | |
| | | | | |
| Construction Type: | Multiple Suites/Tenants? | | Commercial or Residential: | |
| | | | | |
| Existing Fire Alarm System? | Existing Fire Sprinklers? | | Other Fire Protection? | |
| | | • | | |
| | | | | |
| If an existing building, describe the current or most recent use of the space, including occupancy classification (if known): | | | | |
| | ·· 11 <i>]</i> · | | | |
| | | | | |

Applicant Information (if other than building owner)

| Applicant Name: | Add | ress: |
|---------------------------|-----|--------|
| | | |
| | | |
| Email Address: | | Phone: |
| | | |
| | | |
| Relationship to Property: | | |
| | | |

Proposed Occupancy Information

| | | Commercial: | Residential: | | |
|--|---|-----------------------------|-------------------------|--|--|
| Is proposed use commercial or residential? | | ? | | | |
| If the proposed use | is commercial, describ | e the business or operation | ns in great detail: | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| Business Type: | Hours of Operation: | Number of Employees: | Avg. Customers Per Day: | | |
| | | | | | |
| | | V | N | | |
| If existing building, will the proposed use require modification of the structure or | | Yes: | No: | | |
| layout? | | | | | |
| If yes, describe cha | If yes, describe changes to the building or existing space: | | | | |
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| Will the proposed u | ise involve the | Yes: | No: | | |
| manufacture, use, handling, or storage of | | | | | |
| hazardous materials? | | | | | |
| If yes, list hazardous materials and provide safety data sheets for each with application. | | | | | |
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Plans Submission Checklist

Requirements for New Construction are indicated by: N Requirements for Renovation/Alteration are indicated by: R Requirements for Tenant Change are indicated by: T

| Complete set of engineered plans stamped by a licensed architect including a code |
|--|
| analysis. N, R |
| Site plans showing address, parcel number, zoning, property lines, rights of way, |
| driveways, fire department access roads, fire lanes, utilities, fire hydrants. N, R |
| Architectural plans for all floors, including a life safety plan for each floor. N, R |
| Electrical plans for all floors, indicating panels, switchgear, lighting, emergency lighting |
| and power storage or generation systems. N, R |
| |
| Mechanical plans for all mechanical and HVAC systems. If applicable, details and |
| specifications for commercial kitchen exhaust systems. N, R |
| Fire protection systems plans and specifications, which may be submitted after building |
| permit approval. N , R |
| Existing architectural layout drawings showing the conditions prior to demolition or |
| changes, and identifying items to be demolished. R |
| Layout drawing showing the layout and measurements of the space, including room |
| names and square footage for each. Exits and fire protection equipment designated. T |

See the Milford Fire Department Commercial or Multi-Family Project Review Requirements document for detailed requirements for each item.

Submitter Information

| Submitted By: | Submitter Title: | Date Submitted: |
|------------------|------------------|-----------------|
| | | |
| | | |
| Submitter Phone: | Submitter Email: | |
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| | | |

For Milford Fire Department Use Only

| Project Category: | Reviewed By: | Date Reviewed: |
|-------------------|--------------|----------------|
| | | |
| | | |

Fire Department Plans Review Approval