

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):				
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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:		
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:				
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.					

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:	

For Milford Fire Department Use Only

Project Category:	Reviewed By:	Date Reviewed:

Fire Department Plans Review Approval