

Ellsworth Fire Department

From the desk of Inspector Michael Hange
1 City Hall Plaza ♦ Ellsworth, ME 04605-1942
Phone (207) 667-4910 ♦ Fax (207) 669-6618
mhangge@ellsworthmaine.gov
www.ellsworthmaine.gov

SPRINKLER SYSTEM
PERMIT APPLICATION

Name of the Business: _____ Phone: _____
Address Line 1 _____ Fax: _____
Address Line 2 _____
City _____ State _____
Type of Business: _____

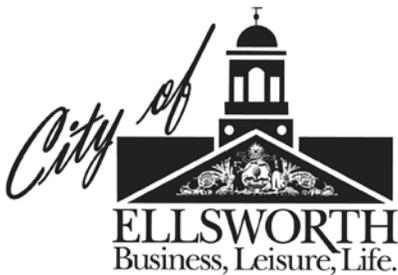
Facility Contact Information

Primary Contact: Name: _____ Phone: _____
Address: _____ Cell: _____
Address Line 2: _____ Fax: _____
City _____ State _____ Email: _____

Secondary Contact: Name: _____ Phone: _____
Address: _____ Cell: _____
Address Line 2: _____ Fax: _____
City _____ State _____ Email: _____

Third Contact: Name: _____ Phone: _____
Address: _____ Cell: _____
Address Line 2: _____ Fax: _____
City _____ State _____ Email: _____

Building Owner: Name: _____ Phone: _____
Address: _____ Cell: _____
Address Line 2: _____ Fax: _____
City _____ State _____ Email: _____



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SPRINKLER SYSTEM PERMIT APPLICATION

Fire Sprinkler Company performing; Installation / Testing / Maintenance / Certification

Name of Fire Sprinkler Company: _____
Fire Sprinkler Company Contact person: _____
Address: _____
City: _____ ST: _____
Phone: _____ Fax: _____

Fire Sprinkler Company Technician(s) performing; Installation / Testing / Maintenance / Certification

Name of Technician: _____
NICET Level and NICET #: _____
Maine State License #: _____
Other Qualifications: _____

Name of Technician: _____
NICET Level and NICET #: _____
Maine State License #: _____
Other Qualifications: _____

(Note, *Technicians* must show and submit proof of their qualifications before beginning or performing work on sprinkler systems.)

Underground piping Installation Contractor / Subcontractor

Company Name: _____
Company Contact person: _____
Address: _____
City: _____ ST: _____
Phone: _____ FAX: _____
Underground certificate submitted: YES ___ NO ___

Fire Sprinkler System to be; Installed / Tested / Maintenance Work

Manufacture of Fire Sprinkler Valve: _____
Model number of Fire Sprinkler Valve: _____
Serial Number of Fire Sprinkler Valve: _____
Type of Fire Sprinkler System: _____
State Fire Marshal permit number**: _____
Backflow prevention installed: YES ___ NO ___
Date when work is to begin: _____ Date when work is to be completed: _____
Certificate / Record of completion Date: _____

**** State fire marshal permit (not a preliminary permit) must be issued before installation work may begin. ****
**** Drawings of the sprinkler system must be submitted to the Ellsworth Fire Department, prior to installation****

Monitoring Company

Name: _____
Contact Person: _____
Address: _____
City: _____ ST: _____
Phone: _____ FAX: _____

DETAILED DOCUMENTATION OF ALL WORK PERFORMED, SHALL BE SUBMITTED TO THE ELLSWORTH FIRE DEPARTMENT WITHIN 24 HOURS OF THE COMPLETION OF WORK.