

*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

**COMMERCIAL EXHAUST HOOD SYSTEM**  
**PERMIT APPLICATION**

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

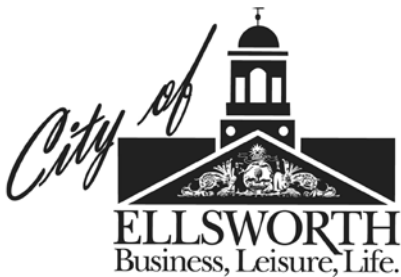
Facility Contact Information

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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**COMMERCIAL EXHAUST AND SUPPRESSION HOOD SYSTEMS PERMIT APPLICATION**

**Company performing; Installation of EXHAUST HOOD AND DUCT SYSTEM**

Name of Company: \_\_\_\_\_  
Company Contact person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Exhaust hood and Duct System to be installed**

Manufacture of Hood System\*\*: \_\_\_\_\_  
Model number of Hood System: \_\_\_\_\_  
Serial Number of Hood System: \_\_\_\_\_  
Type of Hood System: \_\_\_\_\_  
Number of Hood Systems to be installed: \_\_\_\_\_  
Size of exhaust hood to be installed: \_\_\_\_\_  
Date when work is to begin: \_\_\_\_\_  
Date when work is to be completed: \_\_\_\_\_

**\*\* CERTIFIED MANUFACTURE SHOP DRAWINGS AND MANUFACTURE INSTALLATION SPECIFICATIONS MUST BE SUBMITTED TO THE ELLSWORTH FIRE DEPARTMENT INSPECTION OFFICE BEFORE INSTALLATION. \*\***

**Company performing; Installation / Testing / Maintenance of EXHAUST HOOD SUPPRESSION SYSTEM**

Name of Company: \_\_\_\_\_  
Company Contact person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Company Technician(s) performing; Installation / Testing / Maintenance**

Name of Technician: \_\_\_\_\_  
Qualifications: \_\_\_\_\_

Name of Technician: \_\_\_\_\_  
Qualifications: \_\_\_\_\_

**(Technicians must submit proof of their qualifications to perform work on the Suppression System that is being permitted.)**

**Exhaust Hood Suppression System to be Installed / Testing / Maintenance**

Manufacture of Suppression System\*\*: \_\_\_\_\_  
Model number of Suppression System: \_\_\_\_\_  
Serial Number of Suppression System: \_\_\_\_\_  
Type of Suppression System: \_\_\_\_\_  
Number of Suppression Systems to be installed: \_\_\_\_\_  
Size of Suppression System to be installed: \_\_\_\_\_  
Date when work is to begin: \_\_\_\_\_  
Date when work is to be completed: \_\_\_\_\_  
Is the Suppression System connected to the building Fire Alarm System: YES \_\_\_\_\_ NO \_\_\_\_\_

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