

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

SPECIAL SUPPRESSION SYSTEMS
PERMIT APPLICATION

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

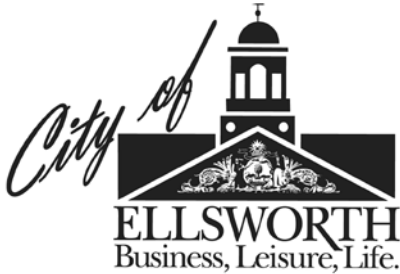
Facility Contact Information

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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MOTOR FUEL DISPENSING FACILITY SUPPRESSION SYSTEMS PERMIT APPLICATION

Company performing; Installation of SUPPRESSION SYSTEMS

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

Suppression System to be installed:

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 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 _____

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

Company performing; Installation / Testing / Maintenance of 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 installed.)