

## 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 an existing building? Y/N If existing, year built or of last major renovation: Type of Building: Occupancy Classification: # of Levels Above Grade: # of Levels 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):

# **Applicant Information**(if other than building owner)

(if other than building owner)						
Applicant Name: Ad			dress:			
			Ι .			
Email Address:			Phone:			
Dalatianahin ta Dua						
Relationship to Property:						
Proposed Occupancy Information						
	rroposeu O	ccu	Commercial:	Residential:		
Is proposed use commercial or residential?		12	Commercial:	Residential:		
		111				
If the proposed use	is commercial, descri	be th	ne business or operation	ns in great detail:		
II the proposed use	is commercial, accert		e cusiness of operation	is in great detain.		
	T 0.0 .	1				
Business Type:	Hours of Operation:	Nι	umber of Employees:	Avg. Customers Per Day:		
TC ' 4' 1 '11'	'11 .1 1		37	N		
	, will the proposed use	e _	Yes:	No:		
layout?	n of the structure or					
	nges to the building o	r exi	sting space:			
If yes, describe changes to the building or existing space:						
Will the proposed use 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			
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See the Milford Fire Department Commercial or Multi-Family Project Review Requirements document for detailed requirements for each item.

### **Submitter Information**

	Submitter information	
Submitted By:	Submitter Title:	Date Submitted
Submitter Phone:	Submitter Email:	
	For Milford Fire Department Use On	ly
Project Category:	Reviewed By:	Date Reviewed
	Fire Department Plans Review Approv	val