



Fire Chief  
Paul D. Dexter Jr.

# Sanbornton Fire & Rescue

565 Sanborn Rd./P.O. Box 112  
Sanbornton, NH 03269  
Phone (603) 286-4819  
Fax (603) 286-4023



Deputy Chief  
Scott Taylor

## FIRE ALARM PERMIT APPLICATION

Applicants Name: \_\_\_\_\_  
(Last, First, MI)

Applicants Telephone: \_\_\_\_\_  
(Home) \_\_\_\_\_ (Work)

Address of Alarm: \_\_\_\_\_ Site Telephone: \_\_\_\_\_  
(Street/Road)

Owner Name (If other than applicant): \_\_\_\_\_  
(Last, First, MI)

Owner's Address: \_\_\_\_\_ Email: \_\_\_\_\_  
(Street address, city, state, and zip code)

Mailing Address (If different): \_\_\_\_\_

Type of Alarm Site: \_\_\_\_\_ Residential \_\_\_\_\_ Non-Residential/Business \_\_\_\_\_ Government

Date of Installation: \_\_\_\_\_ Number of actuating devices: \_\_\_\_\_  
(smoke) (heat) (CO) (combination)

Alarm Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street address, city, state, and zip code)

Alarm Monitoring Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_  
(Street address, city, state, and zip code)

Individuals to contact in the event of alarm activation:

Name: \_\_\_\_\_ Telephone (Cell): \_\_\_\_\_ (Home): \_\_\_\_\_

Name: \_\_\_\_\_ Telephone (Cell): \_\_\_\_\_ (Home): \_\_\_\_\_

Name: \_\_\_\_\_ Telephone (Cell): \_\_\_\_\_ (Home): \_\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Applicant or Authorized Agent

\*\*\*\*FOR DEPARTMENT USE ONLY\*\*\*\*

PERMIT # \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ FEE PAYMENT \_\_\_\_\_ CHK # \_\_\_\_\_

FIRE CHIEF APPROVAL: APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_ DATE INSPECTED: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_

\*\*\*\*\*FEE Schedule established January 1, 2023, by order of the Town of Sanbornton Select Board can be found at \*\*\*\*\*  
[https://www.sanborntonnh.org/sites/g/files/vyhlf3776/f/uploads/sanbornton\\_fire\\_department\\_fee\\_schedule2023.pdf](https://www.sanborntonnh.org/sites/g/files/vyhlf3776/f/uploads/sanbornton_fire_department_fee_schedule2023.pdf)