



# FIRE RESCUE DEPARTMENT APPROVAL

P.O. Box 204 • 67 COURT STREET • CASTINE, MAINE 04421

TOWN OFFICE: (207) 326-4502 • FIRE DEPARTMENT: (207) 326-8767

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Town Use Only

**RECEIVED**

By \_\_\_\_\_  
Date \_\_\_\_\_

**NOTE:** This application is to secure approval of projects in the Commercial District by the Castine Fire Rescue Department and must be accompanied by a \$10 application fee pursuant to \$6.9 and \$11.2 of the *Zoning Ordinance of the Town of Castine, Maine*.

• **APPLICANT:**

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

• **PROPERTY LOCATION:**

9-1-1 STREET ADDRESS: \_\_\_\_\_ TAX MAP #: \_\_\_\_\_ LOT #: \_\_\_\_\_

• **DESCRIPTION OF PROJECT:**

\_\_\_\_\_  
\_\_\_\_\_

## Fire Department Checklist

Special requirements shall be observed within the Commercial District in order to lessen potential fire hazards. There shall be no change of use of a structure and no structure shall be built, moved, replaced, altered or enlarged without consultation with and approval in writing by the Fire Chief or designated representative, and subsequent approval by the respective permitting authority subject to the additional conditions listed below:

**(CHECK (✓) IF ACCEPTABLE)**

- ☐ FIRE TRUCKS AND AMBULANCES HAVE UNOBSTRUCTED ACCESS TO THE STRUCTURE.
- ☐ ACCESS TO THE STRUCTURE IS NOT USED FOR PARKING OR STORAGE SO AS TO HINDER PASSAGE OF EMERGENCY VEHICLES.
- ☐ ADEQUATE WATER SUPPLY FOR FIRE SUPPRESSION IS OR WILL BE AVAILABLE PRIOR GRANTING A CERTIFICATE OF OCCUPANCY.
- ☐ ROOFS OR ROOF OVERHANGS SHALL NOT INTRUDE UPON NEIGHBORING PROPERTIES AND ROOF EAVES SHALL NOT EXCEED THIRTY (30) FEET IN HEIGHT FROM SERVICING ACCESSSES.
- ☐ WOOD SHINGLES ARE NOT USED.
- ☐ OTHER SAFETY MEASURES, INCLUDING BUT NOT LIMITED TO SPRINKLER SYSTEMS, RATED PARTITIONS, FIRE EXTINGUISHERS OR THE POSTING OF SIGNS AS NEEDED FOR SPECIFIC HAZARDS, AS MAY BE REQUIRED.

PROJECT IS: (CHECK (✓) ONE) ☐ **APPROVED** ☐ **APPROVED AS NOTED** ☐ **NOT APPROVED**

REMARKS OR CONDITIONS OF APPROVAL: \_\_\_\_\_

\_\_\_\_\_  
CASTINE FIRE CHIEF OR AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE