|  |  |
| --- | --- |
| Your Agency:  |       |
| Agency Contact Name: |       | Contact Phone: |       |
| Contact E-mail: |       | Contact Fax:  |       |
| Exact Street Address of premise [[1]](#footnote-1):  |       | Town:  |       | Zip Code |       |
| Building property name:  |       | Risk Mgmt Mcode:       or [ ]  unknown |

Check the type of construction that best describes the building:

|  |  |
| --- | --- |
| [ ]  (1) Combustible (typically wooden buildings) | [ ]  (2) Masonry structures with combustible frames or interiors |
| [ ]  (3) Metal structures (all metal roof, frame and walls) | [ ]  (4) Masonry structures with masonry or metal framing |
| [ ]  (5) Buildings with a 1-to-2-hour fire resistive rating | [ ]  (6) Buildings with a 2 or more-hour fire resistive rating |

Year of construction of building (if known or best guess):

Number of floors (do not count unfinished basement and attic)

Is there a basement/crawl space? [ ] Yes [ ] No Is the basement finished [ ] Yes [ ] No

Approximate square footage of building - do not include basement, attic or mezzanine:       sq. feet

Number of elevators in building:

Boiler and/or pressure vessels – In this building, how many units may require State inspection?

Number of boilers:       Number of pressure vessels:

Building Occupancy Type(s) - check as many as are applicable for this building:

[ ] Auditorium (18); [ ] Classroom (2); [ ] Day Care (33); [ ] Dormitory (10); [ ] Gym (12); [ ] Laboratory (5);

[ ] Maintenance Shop (6); [ ] Office (1); [ ] Retail (29); [ ] Staff Residence (11); [ ] Storage (3); [ ]  Vacant (4)

[ ] Other - Describe:

Your agency’s occupancy type (check one - only the most prevalent):

[ ] Auditorium (18); [ ] Classroom (2); [ ] Day Care (33); [ ] Dormitory (10); [ ] Gym (12); [ ] Laboratory (5);

[ ] Maintenance Shop (6); [ ] Office (1); [ ] Garage (35); [ ] Staff Residence (11); [ ] Storage (3); [ ]  Vacant (4)

[ ] Other - Describe:

Building is: [ ] 100% Sprinklered [ ] Partially Sprinklered – state %       [ ] Not sprinklered at all

Building has a central station smoke detection system: [ ] Yes [ ] No

Building has a central station security system: [ ] Yes [ ] No

Building has an employee key card system: [ ] Yes [ ] No

**Replacement cost insurance desired: Building: $** **Contents $       Effective Date:**

**Questions? Call 287-3351**

**Either fax this form to 287-4008 or Email to:**

Lance.Lemieux@maine.gov

**IF POSSIBLE, PROVIDE A PHOTOGRAPH OF THE FRONT OF BUILDING**

1. Post office boxes and rural route numbers are unacceptable. The 911 address is required. [↑](#footnote-ref-1)