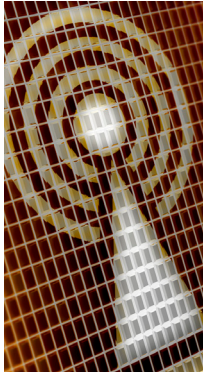




FIRE ALARM TRANSMITTER REPLACEMENT

PERMIT APPLICATION



Application Date _____	Tech Initials _____	Permit # _____
------------------------	---------------------	----------------

Job Information

Job Address _____ Suite / Floor # _____

Parcel # _____ Property Owner _____

Project Name (if applicable) _____ Tenant _____

Value of Work (fair market value of labor & materials) \$ _____ Current Building Permit # _____

Contractor Information

Contractor _____ Phone _____

Address _____ City, State, Zip _____

Contractor's State License # _____ Contractor's City Business License # (required) _____

Contact Person _____ Phone _____ Fax _____

Email Address _____

Methods of Transmitter

Wired Networks **Wireless Networks**

P.O.T.S. Line Radio Cellular

Conditions

- No alterations to detection or notification systems or devices
- Transmitter replacement work only under this permit. No alterations to alarm panel or devices allowed
- Provide battery calculations for transmitter on site
- All work in accordance with applicable NFPA 72 standards, city ordinances and/or standards
- Replacement transmitter must transmit the same alarm signals as existing transmitter
- Electrical permit available on site

Re-inspection fees may apply if

- Work is not in accordance with permit application
- Work is not ready for inspection

Fire Department Inspection required

- Monitoring
- Final

I hereby certify that I am the owner (or owner's authorized agent) of this property or an appropriately licensed contractor (or the firm's authorized agent) and the installation of the work described will be performed in accordance with all applicable laws & codes, including state contractor registration laws. I understand that failure to comply may result in revocation of any permit from this application.

Signature _____ Date _____

Inspection Checklist Fire Alarm Transmitter

(Refer to NFPA 72 and Local requirements)

Approved:		TRANSMITTER INFO					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Make and Model #					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Primary Method of Transmission					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Secondary Method of Transmission (if required)					
		VISUAL INSPECTION					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Installed in a workman like manner?					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Powered and in a normal condition?					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Batteries marked with installation date? Batteries sized per plan?					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Antenna secure and serviceable?					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Transmitter listed for fire alarm service?					
		FUNCTIONAL TESTS					
		√ = Required					
Approved:	Pre-Test		DACT	Radio	Cell Dialer	IP-DACT	STU
<input type="checkbox"/> Yes <input type="checkbox"/> No		Verify 'trouble' on local FACP when battery is disconnected.	√	√	√	√	√
<input type="checkbox"/> Yes <input type="checkbox"/> No		Verify 'trouble' on local FACP when transmitter is disconnected.	√	√	√	√	√
<input type="checkbox"/> Yes <input type="checkbox"/> No		Verify all transmitter signal zones transmit to Central Station properly	√	√	√	√	√
		Disconnect communications link to Central Station, verify trouble signal is received at Central Station:					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Internet connection for IP-DACT				√	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Phone lines for STU/ DACT (4 min max)	√				√
<input type="checkbox"/> Yes <input type="checkbox"/> No		Antenna for Radio/Cell		√	√		
		Verify the following additional items:					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Radio Signal Strength minimum 2 'good' paths		√			
<input type="checkbox"/> Yes <input type="checkbox"/> No		Power off transmitter, verify lost signal at Central Station within 5 minutes			√		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Verify ISP provider, IT Vendor, Network Outage Restoral Procedure Document and IT Manager are as noted on approved permit				√	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Verify and record static IP address for IP-DACT.				√	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Record battery voltage Static: _____	√	√	√	√	√
<input type="checkbox"/> Yes <input type="checkbox"/> No		Charging: _____	√	√	√	√	√
<input type="checkbox"/> Yes <input type="checkbox"/> No		Verify critical network systems have enough battery backup or generator is in place.				√	

ACCEPTANCE SIGNATURES

Installer Verification: _____ Date: _____

Print Name: _____ Permit #: _____

AHJ Approval: _____ Date: _____

Print Name: _____