

CITY OF PORTSMOUTH, NH

Permit Application for Automatic or Manual Fire Alarm System

www.cityofportsmouth.com

Bureau of Fire Prevention, 170 Court St. Portsmouth, NH 03801
(603) 427-1515; FAX (603) 427-1555

Street Address of Work: _____

Property Owner Name: _____ **Phone:** _____

Installing Contractor: _____ **Phone:** _____

Contractor Address: _____

System Designer (If Different): _____ **Phone:** _____

System Design Basis: NFPA 13, 13D, 13R, 14, 20, 70, 72, Other _____
(Circle all that apply)

Submit Drawings and Equipment Specifications with Application

General Building Data: Sprinklered Bldg.: Y N ; Elevator: Y N ; Fire Pump: Y N
(Circle all that apply)

System Control Components:

Fire Alarm Control Panel: Mfg.: _____ Model: _____

No. of Alarm Zones: _____ No. of Trouble Zones: _____

Remote Annunciator: Mfg.: _____ Model: _____

Voice Alarm Notification System: Yes (Submit Info.) No

Initiation and Notification Devices:

	Mfg.	Model	Qty.
System Smoke Detectors:	_____	_____	_____
System Duct Detectors:	_____	_____	_____
Fire/Gas Detectors:	_____	_____	_____
Other Fire Detectors: (_____)	_____	_____	_____

Required Smoke Detector Alarm Verification is Accomplished By: (Check one)

Cross Zone Detectors: _____

Alarm Verification Control Card: _____

Other Method (Describe): _____

	Mfg.	Model	Qty.
System R/R Heat Detectors:	_____	_____	_____
System F/T Heat Detectors:	_____	_____	_____
Manual Fire Alarm Stations:	_____	_____	_____

Audio/Visual Notification Devices:

Interior: _____

Exterior: _____

Fire Safety Control Devices:

	Mfg.	Model	Qty.
Magnetic Door Holder Devices:	_____	_____	_____
Elevator Recall:	_____	_____	_____
Smoke Control System:	_____	_____	_____
Door Unlocking:	_____	_____	_____

Sprinkler Data: (Check all that apply)

System Type: Wet: ___; Dry: ___; Preaction: ___; Deluge: ___; Other: ___

The following sprinkler devices may be provided by a different contractor. List the number and type of devices the alarm system is monitoring.

	<u># Devices</u>
Riser Flow Switch:	_____
Riser Pressure Switch:	_____
Zone Flow Switch:	_____
Valve Supervisory Switch	_____
Low Air Supervisory	_____
Fire Pump Supervisory	_____
Range Hood Suppression	_____

Off Site Alarm Notification/Monitoring: (Check all that apply)

Local Alarm: _____ Auxiliary Alarm: _____ Proprietary Alarm: _____
Remote Station Alarm: _____ Central Station Service: _____

Name of Service: _____
Mailing Address: _____
Phone: (_____) _____

System Installation Cost: \$ _____

I understand that all system components are to be designed, installed and tested to the applicable NFPA Standards and the City Building Code.

System Designer or Installer: _____ Date: _____
(Signature)

Company Affiliation: _____

Submit Application and Supporting Data to Portsmouth Fire Department, Fire Prevention Bureau, 170 Court St. Portsmouth, NH 03801

<u>FOR CITY USE</u>	Master Box #: _____
Date Received: _____	Date Approved: _____
Approval Conditions/Comments: _____	

Permit Fee:	
\$ _____	
Application Denied (Reasons): _____	