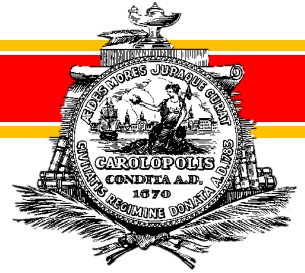


# CHARLESTON FIRE DEPARTMENT

## Fire Marshal Division



<b>Fire Alarm Permit Application</b> Submit plans to: <b>Permit Center</b> <b>2 George Street, Charleston, SC 29401</b>	Master Bldg. Permit: #BC
	Fire Alarm Permit: #FI
	Project Value: \$

### Installation Location

Business/Location Name:	
Street Address:	Building/Suite:
Property Owner/Rep Name:	Owner/Rep. Contact Number:
Current use of structure:	Square Footage of Project Area:
Proposed use of structure:	

### Installation Contractor Responsible for Fire Alarm System

Contract company:	Fire Alarm State License #:	Expiration Date:
Address:	City, State & Zip:	
Contact person name:	Contact Phone:	
Contact fax:	Contact E-mail:	
<input type="checkbox"/> Installing entire system, or <input type="checkbox"/> Name of contractor installing wire/conduit:		

### Fire Alarm System Details

<input type="checkbox"/> New system in new building <input type="checkbox"/> New system in existing building <input type="checkbox"/> Replacement of existing, add reason in notes <input type="checkbox"/> Modification of existing, add reason in notes	Alarm system coverage: Per 2018IBC/IFC/IMC, 2016 NFPA 72– Check all sections which apply to the new or existing design: <input type="checkbox"/> Required manual fire alarm <input type="checkbox"/> Required automatic detection <input type="checkbox"/> Non-Required detection <input type="checkbox"/> Audio/visual annunciation <input type="checkbox"/> Sprinkler monitoring <input type="checkbox"/> Elevators <input type="checkbox"/> HVAC detector monitoring <input type="checkbox"/> Smoke rated fire doors <input type="checkbox"/> Smoke damper detectors <input type="checkbox"/> Type I hood extinguishing monitoring <input type="checkbox"/> High rise building <input type="checkbox"/> Special extinguishing system releasing panel <input type="checkbox"/> Other: <input type="checkbox"/> Offsite supervision (NFPA 72, Chapter 26) - <b>Type:</b>
<b>Designers Information</b> Name: Company: Phone: E-Mail: Qualifications: Ref. 2016 NFPA 72:	
Notes/Comments:	

## Fire Alarm Permit Application

## Plan Submittal Checklist

The following checklist is provided as a **summary of the minimum** information required before a review will be initiated. It is the contractor's responsibility to have a thorough working knowledge of the applicable ordinances, codes, and/or standards. Failure to provide the needed information will delay the review process.

1. Fire Alarm Permit Application, 3 sets of prints, 1 set of documents (specs, etc.)
2. Name, address, phone, fax, e-mail, and state contractor's license number on the prints.
3. Creation date of plan, revision dates, point of compass, scale and graphic representation of scale.
4. Description of the scope of work.
5. Manufacturers cut sheets for all equipment, clearly indicating which models will be utilized.
6. Floor plan(s) indicating all device locations and clearly identifying rooms, areas, etc.
7. 1-line diagram (riser), including power connection and conductor type and sizes.
8. Battery and voltage drop calculations.
9. Clear description of ceiling construction and height or detailed elevation drawing.
10. Operation of any specialized equipment (smoke control/exhaust or other life safety systems).
11. Compatibility listings to verify component compatibility with the FA control panel
12. Alarm response matrix
13. Clearly indicate the location and tamper switches for the Knox Box (if tamper switches are installed).
14. Existing systems: Provide a copy of the most recent annual inspection report.

## Required Inspections

The following inspections are **minimum** required during the project. Failure to call for an inspection may result in delays or require covered work to be uncovered for visual inspections: **1)** Rough-in inspection to be completed before wiring or wiring methods is concealed, **2)** Overhead inspections to be completed before the installation of ceiling tiles or ceiling system. **3)** Final Inspection to include: verification of device placement, functional test of system, response time test, a review of contractors 100% self-inspection documentation.

## Pre-Final Inspection Checklist

The contractor shall verify completion of the following items prior to scheduling the final inspection. Any item from this general list found outstanding at the time of the final will result in termination of the inspection and assessment of a re-inspection fee.

- All equipment, devices, etc. have been installed per the submitted prints. Any deviations must be approved before acceptance testing and shall be noted on as-built drawings that will be provided to the inspector.
- 100% pre-test has been completed and documented by the contractor.
- Any mechanical/electrical systems have been reviewed and approved by the Building Department.
- Contractor has current State License and proper documentation indicating adequate training and qualifications to install the selected system, permit, stamped drawings, system manual(s), and needed testing equipment.
- Provide a Record of Completion attesting to proper installation, copy to owner and inspector.

A copy of the submittal package and the Record of Completion shall be placed in a plan tube or binder marked "Fire Alarm Plans – Do Not Remove From Site" shall be installed at the fire alarm panel.

## Request for review and permit

I understand and agree that this permit is only for this project and provides authorization for the limited scope of work identified on the permit and the permit remains the property of the City of Charleston. By signing below I certify that I am an authorized agent for the company performing the work stated above, appropriately trained and qualified for the scope of work proposed, and all information provided is true and correct. I understand that if any information provided is found to be incorrect or falsely stated that any permits granted from this application are immediately null and void. I agree to comply with the ordinances of this jurisdiction and to perform the work herein stated in accordance with the submitted plans, specifications, applicable codes and standards, and shall be responsible for any and all violations of state laws and local ordinances. I understand that any alternation or change in plans made without written approval subsequent to the issuance of the permit shall constitute grounds for revocation of such permit and that all work is subject to field inspections. Permit void if work is not started within six months of the date of issue or if work stops for a period of six months. All permits expire two years from the date of their issuance. Additional permits shall be required for any additional work not authorized under a permit issued for this application. Applicant is responsible for calling to schedule all required inspections.

\_\_\_\_\_  
Name of person making application

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date