



Fire Alarm System Permit Application

This form must be completed and attached to the front of plans

Initial Review Re-Review Overtime Review Revision

PROPERTY INFORMATION:

Property Address: _____ Suite _____

Tenant: _____

Owner's Name : _____

Address: _____

Phone: _____ Fax: _____

CONTRACTOR INFORMATION:

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Information to be provided on the plans check all that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> CSFD Plan Review Number | <input type="checkbox"/> Equipment Data Sheets | <input type="checkbox"/> Narrative Scope of Work |
| <input type="checkbox"/> Project address, Suite # | <input type="checkbox"/> Designer & Installer Address(es) | <input type="checkbox"/> Device Legend |
| <input type="checkbox"/> Voltage Drop Calculations | <input type="checkbox"/> Battery Calculations | <input type="checkbox"/> Compatibility Listing |
| <input type="checkbox"/> Sequence of Operations Matrix | <input type="checkbox"/> Verified Within City of Colorado Springs Fire Jurisdiction | |
| <input type="checkbox"/> Plans, Calculations, Cut Sheets signed/sealed by RMEs | | |

THIS PLAN IS READY FOR PICK-UP

APPROVED/APPROVED AS CORRECTED

DISAPPROVED/WITHDRAWN

FEES DUE: _____

- Reviewer: Withee Taylor Peterson Other _____

Comments:

Please do not call our office regarding plan review comments until after pickup and review by your office.

Plan Review Status/Comments available online at:
http://springsgov.com/units/fire/Prevent/PlansReview/FPS_WebFPS.asp

**** All plans remaining in our office more than 30 days will be discarded as abandoned**



Building Information:

Occupancy Class: Assembly Business Education Institutional Mercantile
 Residential Special Amusement Other _____
Occupant Load: >50 >100 >300 >500 >1000
High Rise: Yes No # of Floors: _____
Is bldg provided with PBX system (Dial 9 outside line)? Yes No

System Information:

Scope of Work: New
 Existing Existing Audible Signal _____
If existing, please attach a copy of the most recent inspection report
 Addressable Conventional
 Addition/Modification, provide original install date/codes/editions _____
 System Replacement/Upgrade provide reason _____
 Panel Replacement, provide reason _____
Provide Make/Model of both panels: _____

Is this System Required Voluntary Provide IFC Code Section: _____

Type of System: Manual
 Automatic
 Dedicated Function, what function(s) _____
 Mass Notification; include Risk Analysis and Emergency Response Plan
 Household

Auxiliary Functions: Door Release Elevator Recall Duct Detectors/Dampers Voice Alarm
 Suppression Monitoring Special Hazard Releasing Smoke Control/Mgmt
 Any Non-required/Owner Specified Equipment: _____

Communication Method: DACT IP/DACT Radio Cellular Other: _____
Circuit/Pathway Class: A B C D E X
Circuit/Pathway Survivability: Level 0 Level 1 Level 2 Level 3

Any additional information we need to know about this system? (Scope of work, requirements, code sections, intent of the system, owner specifications, etc.): _____

I understand and agree that my failure to provide accurate, true and correct information shall constitute grounds for rejection or denial of my submittal. I understand these are requirements of the adopted codes and standards, rules and regulations of the jurisdiction.

Signature: _____ Date: _____ Print Name: _____

Office Use Only	
Address: _____	
Plan Review Number: _____	Permit Fees: _____
Building Permit Number: _____	Date: _____

