



CITY OF SAN ANTONIO

FIRE DEPARTMENT

FIRE ALARM PERMIT APPLICATION AND CHECKLIST

(Please complete all of the following information. Please print.)

A. General Information:			
Type of Work (select all that apply):	New Structure: <input type="checkbox"/>	Existing Structure: <input type="checkbox"/>	
	New System: <input type="checkbox"/>	Renovation to Existing System: <input type="checkbox"/>	
Project Name:			
Scope of Work:			
Occupancy Type:		Occupant Load:	
Number of Plans Submitted:		Number of Pages:	

B. Site/Property Information:			
Project Address:			
	Street	Building	Suite
Location:			
	(e.g., 5 th floor, in food court, next to suite 100, etc.)		

C. Fire Alarm System Contractor Information:			
Licensed Fire Alarm System Contractor Requesting Permit			
COSA Issued Contractor I.D. Number:		Subcontractor to:	
Contractor Address:			
	Street	Building	Suite
Business Phone #:	() -	Fax#:	() -
Point of Contact/Licensee Information: (If Contact/Licensee is a new to the system, please fill in all information. If the Contact/licensee already exists, provide name, ID, and license number and update any required information.)			
Applicant's Name:			
Applicant's Position/Title:			
Company Registration Number:		Expiration Date:	
Day Phone #:	() -	Mobile Phone #:	() -
Fax #:	() -	Email:	

D. For SAFD Use Only:			
A/P#:		Permit Date:	
Fast-Track Fire Alarm Permit Number:		Fast-Track Fee Paid:	

E. Building Information:		
*Number of Floors:		
Check the appropriate line below if this work is associated with any of the following types of work. List the COSA Building Permit Number.		
<u>COSA DSD A/P#</u>		
<input type="checkbox"/>	New Building(s)	
<input type="checkbox"/>	Building Addition(s)	
<input type="checkbox"/>	Building Renovation(s)	
<input type="checkbox"/>	Fire Alarm Work Only	

F. Work Type Description: (Check one):	
<input type="checkbox"/>	New Fire Alarm System
<input type="checkbox"/>	Fire Alarm System Modification or Remodel
<input type="checkbox"/>	Fire Alarm Control Panel Replacement

G. System Type and Number of Devices:			
Type of System (As defined in NFPA 72, 2002 Edition, Section 3.3.67): (Required Check One)			
<input type="checkbox"/>	Remote Supervising Station Fire Alarm System		
<input type="checkbox"/>	Proprietary Supervising Station Fire Alarm System		
<input type="checkbox"/>	Protected Premises (Local) Fire Alarm System		
<input type="checkbox"/>	Central Station Fire Alarm System		
<input type="checkbox"/>	Auxiliary Fire Alarm System		
Required or Voluntary system: (Check One)			
<input type="checkbox"/>	Required System		
<input type="checkbox"/>	Voluntary System		
*Number of Devices:	Initiating _____	Signaling _____	Total _____

H. Specialized Circumstances: (Check One)	
Specialized System Type:	
<input type="checkbox"/>	Sprinkler Supervisory System
<input type="checkbox"/>	Elevator Recall Control and Supervisory System
<input type="checkbox"/>	Emergency Voice Alarm Communication System

I. Reference Codes and Standards: (Check All That Apply)	
<input type="checkbox"/>	International Building Code, 2003 Edition
<input type="checkbox"/>	International Fire Code, 2003 Edition
<input type="checkbox"/>	National Fire Alarm Code - (NFPA 72), 2002 Edition
<input type="checkbox"/>	National Electrical Code - (NFPA 70), 2002 Edition
<input type="checkbox"/>	Other(s):

J. Checklist for Plans Submittal:

The following information lists the basic plans submittal requirements for applicable COSA departments to complete their plans review. Mark "REQ" when the item is required and included in your submittal; mark "N/A" when the item is not applicable to your project. This checklist is to be completed by the applicant (see Section C) in its entirety.

1. General:

REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	a. Code Modification Requests (CMR) and/or Approved Alternative Method designs - If design is based on an approved CMR
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	b. Preliminary Code Review Design Meeting correspondence. Include a copy of the approved correspondence regarding any Preliminary Code Review Design Meetings applicable to this project.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	c. All plans (i.e., each sheet) are to be signed by the A.P.S. for the installing contractor with the A.P.S.'s licensing information and company name. Note that A.P.S.'s signature is to be updated for each revision submitted to the City on each revised sheet.

2. New and Remodeled Fire Alarm Systems:

REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	a. Show reference information of "work by others" including, but not limited to, duct mounted smoke detectors, single or multiple station smoke alarms.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	b. Show description of use for all portions of the building (including room names) included in this application. For remodeled systems, indicate all existing rooms as such.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	c. Indicate whether fire alarm system is of a specialized type (Sprinkler Supervisory, Elevator Recall Control and Supervisory, Emergency Voice Alarm Communication).
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	d. Show all applicable design information as specified in NFPA 72.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	e. In Group R-1 and R-2 occupancies indicate ceiling heights for all dwelling and sleeping areas that are required to meet the provisions of Section 907.10.1 of the Fire Code on the fire alarm system drawings.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	f. Show full height cross-section or details as necessary to reflect visible notification appliance locations in relation to obstructions for all atypical conditions.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	g. For notification appliance circuits, indicate circuit numbers and candela ratings as applicable at each notification appliance. Indicate end of line device at the end of each notification appliance circuit.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	h. Provide system standby battery calculations for the system control panel and any remotely located notification appliance circuit extenders or power supplies.

REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	i. Provide voltage drop calculations for all notification appliance circuits connected to the system control panel or notification appliance circuit power supplies.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	j. For emergency voice alarm communication systems, provide load calculations for all speaker circuits to include tap wattages, total wattage used and total db loss for the circuit.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	k. For emergency voice alarm communication systems, indicate tap wattages at each speaker on the fire alarm system drawings.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	l. Provide manufacturer's equipment data sheets for all control equipment, power supplies, and peripheral devices within the system.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	m. For system remodel work, show model of existing devices in addition to new devices being used. Indicate any devices that are existing and / or existing and relocated.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	n. Indicate all areas not in contract for all new systems or system remodel work in existing structures.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	o. Indicate control circuits for all combination fire and smoke dampers and source panel for power on the fire alarm system drawings, further indicate devices used for the interface of damper control with the fire alarm system.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	p. Indicate control circuits for all electromagnetic door hold open devices and source of power on the fire alarm system drawings, further indicate devices used for the interface of control of door hold open devices with the fire alarm system.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	q. In facilities utilizing a kitchen ventilation hood indicate supervisory / interface devices for the kitchen ventilation hood suppression system on the fire alarm system drawings.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	r. Show sequence of operation matrix as illustrated in NFPA 72 on the fire alarm system drawings.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	s. Provide on the fire alarm system drawings, for all new or remodeled systems, a floor plan with point-to-point drawing or detailed fire alarm riser diagram illustrating all signaling line and notification appliance circuits within the scope of work. For system remodel work, indicate the connection to existing circuits as needed. Include on the drawings a key plan denoting the areas of work.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	t. For all Remote Supervising Station, Proprietary Supervising Station, and Central Station Systems, indicate a connection to a telephone exchange room or point of demarcation on the fire alarm system drawings. Indicate at the system control panel both on the floor plan and in the riser diagram.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	u. Indicate on the fire alarm drawings, the required dedicated primary power circuit for the system control panels and notification appliance circuit extenders or power supplies. Indicate at each location of this equipment on the floor plans and in the riser diagram.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	v. For emergency voice alarm communication systems, indicate the location of all remotely located amplifiers for speaker circuits on the fire alarm system drawings both on the floor plan and in the riser diagram.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	w. For emergency voice alarm communication systems, indicate the speaker circuit number at each speaker or combination speaker and strobe on the fire alarm system drawings both on the floor plan and in the riser diagram. Further, indicate the end of line device at the end of each speaker circuit both on the floor plan and on the riser diagram.

REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	x. When utilizing ceiling mounted notification appliances in facilities with ceiling heights greater than 30'-0", provide detail drawing or explanation in the form of a scope of work document as to how the ceiling devices will be mounted.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	y. Indicate the CFM rating of all air handler units requiring duct-mounted smoke detectors on the fire alarm system drawings.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	z. In facilities with elevators, indicate on the fire alarm system drawings all interface devices for elevator control and their function. (Primary Recall, Alternate Recall, Power Shutdown, Flash Hat)
3. Elevator Recall Control and Supervisory Systems		
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	a. Provide a floor plan that indicates the elevator hoistway, elevator lobby, and elevator equipment room. A full building floor plan will not be required unless the elevator equipment rooms are not located in close proximity to the elevators being controlled. Include on the drawings a key plan denoting the location of the areas of work.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	b. Provide on the system drawings, a point-to-point diagram on the floor plan or detailed system riser diagram illustrating all signaling line circuits within the scope of work to include device locations.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	c. Indicate on the system drawings, the required dedicated primary power circuit for the system control panel. Indicate at each location of this equipment on the floor plan and in the riser diagram.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	d. Provide standby battery calculations for the system.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	e. Indicate on the system drawings any areas not in contract.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	f. Indicate on the system drawings all interface devices for elevator control and their function. (Primary Recall, Alternate Recall, Power Shutdown, Flash Hat)
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	g. Provide manufacturer's equipment data sheets for all control equipment, and peripheral devices within the system.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	h. Show reference information of "work by others" including but not limited to conventional type devices provided by others and interfaced with the system. (Example: Conventional smoke or heat detectors provided by others in elevator lobbies.)
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	i. Show sequence of operation matrix as illustrated in NFPA 72 on the system drawings.
4. Sprinkler Supervisory System		
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	a. Provide a detailed riser diagram indicating all signaling line and notification appliance circuits. Include the room location of all water flow valves and valve tamper switches being supervised on the riser diagram.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	b. Indicate on the riser diagram, the required dedicated primary power circuit for the system control panel.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	c. Indicate on the riser diagram a connection to a telephone exchange room or point of demarcation from the system control panel.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	d. Provide standby battery calculations for the system.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	e. Provide voltage drop calculations for all notification appliance circuits in the system.

REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	f. Provide manufacturer's equipment data sheets for all control equipment, and peripheral devices within the system.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	g. Show reference information of "work by others" including, but not limited to, duct mounted smoke detectors.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	h. In the event that duct mounted smoke detectors are connected to the system for supervision, indicate on the riser diagram the air handler unit number and location.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	i. Show sequence of operation matrix as illustrated in NFPA 72 on the system drawings.
5. Fire Alarm Control Panel Replacement		
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	a. Provide a detailed riser diagram indicating all initiating, notification, and signaling line circuits within the existing system.
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	b. Provide with the submittal package, a cover letter, signed by the alarm planning superintendent or professional engineer, listing the model number, manufacturer, and quantity of existing devices within the system. This includes initiating devices, notification appliances, and peripheral devices (system annunciators, separate system communication devices, system printers).
REQ: <input type="checkbox"/>	NA: <input type="checkbox"/>	c. Provide manufacturers equipment data sheet for the new fire alarm control panel to be installed.

K. Expiration of Plan Review:

An application for a permit for any proposed work or operations shall be deemed to have been abandoned six (6) months after the date of filing, unless such application has been diligently prosecuted or a permit shall have been issued; except that the fire code official is authorized to grant one or more extensions of time for additional periods not exceeding ninety (90) days each if there is reasonable cause. (2003 IFC Section 105.2.3)

L. Certification:

This document is a governmental record. Individuals who knowingly make a false entry in, or false alteration of, a governmental record are subject to criminal prosecution under Section 37.10 of the Penal Code, Vernon's Texas Code Annotated.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to violate or cancel the provisions of any other state or local law regulating constitution or the performance of construction. I also understand that the installation of any of the work related to this permit application shall not proceed until approved plans are issued from the City of San Antonio, unless an approved Fast-Track Fire Alarm Permit has been issued for this project.

Signature:	_____	Date:	
Print Name:			