Fire Alarm Permit Application



City of Port Jervis **Bureau of Fire Prevention**

Craig Becker, Fire Inspector

PO Box 1002

20 Hammond Street Port Jervis, NY 12771 Office: (845)858-4083 Fax: (845)856-6913

E-mail: fireinspector@portjervis.gov

DO NOT FORGET TO SIGN LAST PAGE AND SUBMIT ALL REQUIRED DOCUMENTS – AVERAGE TURNAROUND FOR ACCEPTANCE IS 2 WEEKS

| Business Name | | | | Contact or | Contact or Owner Name | | | | | |
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| ADDRI | ESS (Physical Address of A | Alarm Install) | | | | | | | | |
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| CITY | | | | SIAIE | STATE ZIP CODE | | | NEW ALARM SYSTEM | | |
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| TELEPHONE WORK TELEPONE | | | AFTER HO | AFTER HOURS TELEPHONE | | | | | | |
| TELEPTIONE WORK TELEPONE | | | 1 | A TEXTIONIO TELETHONE | | | INFORMATION CHANGE | | | |
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| EMAIL ADDRESS | | | | | | | | | | |
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| MAIL | ING ADDRESS IF D | DIFFERENT FF | ROM ABOVE | | | | | | | |
| ADDRE | ESS | | | CITY | CITY | | | STATE ZIP CODE | | |
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| | | | | | | | | | | |
| SYSTEM TYPE FIRE SPRINKLER | | | | MEDIC | MEDICAL CARBON MONOXIDE | | | | OTHER | |
| ALA | RM PANEL LOCA | ATION | | • | | | | • | | |
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| | COMPANY NAME | | 1 | | | | | | | |
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| Monitoring Company | ADDRESS | | | CITY | CITY STATE | | | ZIP CODE | | |
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| onito | TELEPHONE | | | | | | | | | |
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| | COMPANY NAME | | | | | | | | | |
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| _ | ADDRESS | | | CITY | | STATE | ZIP CODE | | | |
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| Fire Alarm Installer | TELEPHONE | | | l | EMAIL | | | | | |
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| Fir | Project Cost: | | Fee, due with application: | | | | | | | |
| | • | | | | | | | | | |
| | | | | | \$100.00 Plus \$10 per \$1,000 up to \$500,000 | | | | | |
| | | | | | (Project | s over \$500,0 | 000 pay an | inspectio | n fee of 2%) | |

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- 1. Two hard copies and one electronic (PDF) copy of stamped plans must be submitted for review.
- 2. The submittals shall be supplied for all jobs. One hard copy, one PDF form.
- 3. Proof of Insurance. One hard copy, one PDF form. Liability and workers compensation, naming the City of Port Jervis as the certificate holder.
- 4. Preferred Construction Documents Size Sheet "D" 24" X 36" (Fire Inspector may approve other sizes by request)
- 5. Sheets that are cut and pasted, taped, or that have been altered by any means (pen, pencil, marking pen, etc.) will not be accepted for plan check. Plans that are not legible may be rejected as unacceptable for plan review purposes.
- 6. All plans shall be stamped by a licensed Professional Engineer or a Registered Architect as required by the New York State Department of Education Law with current renewal dates and "wet" signatures.
- 7. If, due to the scope of the work proposed, the plans are not required to be stamped, the plans shall be drawn utilizing accepted engineering practices and procedures. All line work and lettering shall be clear and legible.
- 8. Plans shall be submitted by a company licensed by the State of New York as Per General Business Law Article 6D. Proof of a valid license is to be submitted with the application.
- 9. Accuracy of the submittal package, is the responsibility of the applicant. Failure to submit an accurate submittal package will be considered an incomplete application by the Plan Reviewer.
- 10. An incomplete submittal will result in a HOLD.
- 11. If work is found to have commenced without approved plans and/or a proper permit, this office reserves the right to shut down any/all portions of the entire project deemed necessary to inspect, investigate and confirm that work has been done.
- 12. When work for which a permit is required has been conducted without a permit or approval, a stop work is immediately posted and all permit fees immediately double upon application and plan review for an installation permit.
- 13. If any portion of the work performed is not clearly visible or readily accessible, you will be ordered to demolish, disassemble or remove any and all obstructions regardless of the cost incurred. Failure to comply will result in the suspension/revocation of any Building or other permits related to the site.
- 14. In addition, it is understood that the installation of systems shall be made only by persons properly trained and qualified to install the specific system being provided. The installer certifies to this authority that the installation is in complete agreement with the terms of the listing and manufacturer's instructions and/or approved design plan.
- 15. Modifications to code specific to The City of Port Jervis:
 - An exterior horn/strobe with an amber lens shall be installed. The device shall activate when a carbon monoxide detector is activated.
 - The strobes on the alarm system shall remain active when when the system is silenced.

THE APPLICANT HERBY CERTIFIES THAT ALL THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWELDGE AND WILL NOTIFY THE CITY OF MIDDLETOWN FIRE INSPECTOR OF ANY CHANGES TO THE INFORMATION ON THIS APPLICATION

| APPLICANT SIGNATURE | I AF | (PPLICANT NAME (PRINT) | ! | DATE |
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| DEDMIT NUMBER | IOOUE DATE | EVELDATION DATE | FFF DAID | One in Declara Fine Incorporates |
| PERMIT NUMBER | ISSUE DATE | EXPIRATION DATE | FEE PAID | Craig Becker, Fire Inspector |
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