

**Town of Poughkeepsie Building Department**

1 Overocker Rd. – Poughkeepsie, NY 12603  
Phone # 845-485-3655 / Fax # 845-486-7888

- APPLICATION FOR FIRE ALARM PERMIT -  
(Fee \$50.00 Plus \$2.00 Per Device)

**FIRE ALARM PERMITS REQUIRE TWO (2) SETS OF PLANS BE SUBMITTED  
WITH THIS APPLICATION**

APP.# : \_\_\_\_\_ FA# : \_\_\_\_\_

CHECK #: \_\_\_\_\_ CASH : \_\_\_\_\_ AMOUNT PAID : \_\_\_\_\_

DATE : \_\_\_\_\_ GRID #: \_\_\_\_\_

JOB SITE ADDRESS:

OWNERS NAME:

ADDRESS: \_\_\_\_\_

TEL#: \_\_\_\_\_

INSTALLATION CO. NAME : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL. #: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

FIRE ALARM – PLEASE LIST NUMBER OF DEVICES:

FIRE ALARM/SECURITY SYSTEM PANEL: \_\_\_\_\_

PANELS: \_\_\_\_\_

TOTAL NO. OF SECURITY SYSTEM DEVICES BEING INSTALLED: \_\_\_\_\_

ANNUNCIATORS: \_\_\_\_\_

SMOKE/HEAT DETECTORS: \_\_\_\_\_

HORNS / STROBES: \_\_\_\_\_

MANUAL PULL STATIONS: \_\_\_\_\_

OTHERS: \_\_\_\_\_

TOTAL: \_\_\_\_\_

**NO WORK MAY BE PERFORMED UNTIL A PERMIT IS ISSUED**

The owner of the property covered by this application and the undersigned applicant agree:

To conform to all applicable laws of this jurisdiction and the applicant is responsible for scheduling inspections with an electrical agency approved by the Town of Poughkeepsie.

The applicant swears that they have been specifically authorized by the owner to execute this application.

APPLICANT'S SIGNATURE: \_\_\_\_\_

# FIRE ALARM SYSTEM RECORD OF COMPLETION

Name of protected property: \_\_\_\_\_  
Address: \_\_\_\_\_  
Representative of protected property (name/phone): \_\_\_\_\_  
Authority having jurisdiction: \_\_\_\_\_  
Address/telephone number: \_\_\_\_\_

Organization name / phone

Representative name / phone

Installer \_\_\_\_\_

Supplier \_\_\_\_\_

Service organization \_\_\_\_\_

Location of record (as-built) drawings: \_\_\_\_\_

Location of operation and maintenance manuals: \_\_\_\_\_

Location of test reports: \_\_\_\_\_

A contract for test and inspection in accordance with NFPA standard(s)

Contract No(s): \_\_\_\_\_ Effective date: \_\_\_\_\_ Expiration date: \_\_\_\_\_

System Software

(a) Operating system (executive) software revision level(s): \_\_\_\_\_

(b) Site-specific software revision date: \_\_\_\_\_

(c) Revision completed by: \_\_\_\_\_

(name)

(firm)

## 1. Type(s) of System or Service

\_\_\_\_\_ NFPA 72, Chapter 6 — Local

If alarm is transmitted to location(s) off premises, list where received: \_\_\_\_\_

\_\_\_\_\_ NFPA 72, Chapter 8 — Remote Station

Telephone numbers of the organization receiving alarm: \_\_\_\_\_

Alarm: \_\_\_\_\_

Supervisory: \_\_\_\_\_

Trouble: \_\_\_\_\_

If alarms are retransmitted to public fire service communications centers or others, indicate location and telephone numbers of the organization receiving alarm: \_\_\_\_\_

Indicate how alarm is retransmitted: \_\_\_\_\_

\_\_\_\_\_ NFPA 72, Chapter 8 — Proprietary

Telephone numbers of the organization receiving alarm: \_\_\_\_\_

Alarm: \_\_\_\_\_

Supervisory: \_\_\_\_\_

Trouble: \_\_\_\_\_

If alarms are retransmitted to public fire service communications centers or others, indicate location and telephone numbers of the organization receiving alarm: \_\_\_\_\_

Indicate how alarm is retransmitted: \_\_\_\_\_

\_\_\_\_\_ NFPA 72, Chapter 8 — Central Station

Prime contractor: \_\_\_\_\_

Central station location: \_\_\_\_\_

Means of transmission of signals from the protected premises to the central station:

McCulloch                       Multiplex                       One-way radio  
 Digital alarm communicator     Two-way radio                 Others

Means of transmission of alarms to the public fire service communications center:

(a) \_\_\_\_\_  
(b) \_\_\_\_\_

System location: \_\_\_\_\_

NFPA 72, Chapter 9 — Auxillary

Indicate type of connection:     Local energy     Shunt     Parallel telephone

Location of telephone number for receipt of signals: \_\_\_\_\_

## 2. Record of System Installation

(Fill out after installation is complete and wiring is checked for opens, shorts, ground faults, and improper branching, but prior to conducting operational acceptance tests.)

This system has been installed in accordance with the NFPA standards as shown below, was inspected by \_\_\_\_\_ on \_\_\_\_\_, includes the devices shown in 5 and 6, and has been in service since \_\_\_\_\_.

NFPA 72, Chapters 1 2 3 4 5 6 7 8 9 10 11 (circle all that apply)

NFPA 70, *National Electrical Code*, Article 760

Manufacturer's instructions

Other (specify): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

## 3. Record of System Operation

Documentation in accordance with Inspection Testing Form, Figure 10.6.2.3, is attached \_\_\_\_\_.

All operational features and functions of this system were tested by \_\_\_\_\_ date \_\_\_\_\_ and found to be operating properly in accordance with the requirements of:

NFPA 72, Chapters 1 2 3 4 5 6 7 8 9 10 11 (circle all that apply)

NFPA 70, *National Electrical Code*, Article 760

Manufacturer's instructions

Other (specify): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

## 4. Signaling Line Circuits

Quantity and class of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity: \_\_\_\_\_ Style: \_\_\_\_\_ Class: \_\_\_\_\_

**5. Alarm-Initiating Devices and Circuits**

Quantity and class of initiating device circuits (see NFPA 72, Table 6.5):

Quantity: \_\_\_\_\_ Style: \_\_\_\_\_ Class: \_\_\_\_\_

**MANUAL**

- (a) Manual stations Noncoded \_\_\_\_\_ Transmitters \_\_\_\_\_ Coded \_\_\_\_\_ Addressable \_\_\_\_\_
- (b) Combination manual fire alarm and guard's tour coded stations \_\_\_\_\_

**AUTOMATIC**

Coverage: Complete \_\_\_\_\_ Partial \_\_\_\_\_  
              Selective \_\_\_\_\_ Nonrequired \_\_\_\_\_

- (a) Smoke detectors \_\_\_\_\_ Ion \_\_\_\_\_ Photo \_\_\_\_\_ Addressable \_\_\_\_\_
- (b) Duct detectors \_\_\_\_\_ Ion \_\_\_\_\_ Photo \_\_\_\_\_ Addressable \_\_\_\_\_
- (c) Heat detectors \_\_\_\_\_ FT \_\_\_\_\_ RR \_\_\_\_\_ FT/RR \_\_\_\_\_ RC \_\_\_\_\_ Addressable \_\_\_\_\_
- (d) Sprinkler waterflow indicators: Transmitters \_\_\_\_\_ Noncoded \_\_\_\_\_ Coded \_\_\_\_\_ Addressable \_\_\_\_\_
- (e) The alarm verification feature is disabled \_\_\_\_\_ or enabled \_\_\_\_\_, changed from \_\_\_\_\_ seconds to \_\_\_\_\_ seconds.
- (f) Other (list): \_\_\_\_\_

**6. Supervisory Signal-Initiating Devices and Circuits (use blanks to indicate quantity of devices)**

**GUARD'S TOUR**

- (a) \_\_\_\_\_ Coded stations
  - (b) \_\_\_\_\_ Noncoded stations
  - (c) \_\_\_\_\_ Compulsory guard's tour system comprised of \_\_\_\_\_ transmitter stations and intermediate stations
- Note: Combination devices are recorded under 5(b), Manual, and 6(a), Guard's Tour.

**SPRINKLER SYSTEM**

- Check if provided
- (a) \_\_\_\_\_ Valve supervisory switches
  - (b) \_\_\_\_\_ Building temperature points
  - (c) \_\_\_\_\_ Site water temperature points
  - (d) \_\_\_\_\_ Site water supply level points

**Electric fire pump:**

- (e) \_\_\_\_\_ Fire pump power
- (f) \_\_\_\_\_ Fire pump running
- (g) \_\_\_\_\_ Phase reversal

**Engine-driven fire pump:**

- (h) \_\_\_\_\_ Selector in auto position
- (i) \_\_\_\_\_ Engine or control panel trouble
- (j) \_\_\_\_\_ Fire pump running

**ENGINE-DRIVEN GENERATOR:**

- (a) \_\_\_\_\_ Selector in auto position
- (b) \_\_\_\_\_ Control panel trouble
- (c) \_\_\_\_\_ Transfer switches
- (d) \_\_\_\_\_ Engine running

Other supervisory function(s) (specify): \_\_\_\_\_

**7. Annunciator(s)**

Number: \_\_\_\_\_ Type: \_\_\_\_\_ Location: \_\_\_\_\_

**8. Alarm Notification Appliances and Circuits**

NFPA 72, Chapter 6 — Emergency Voice/Alarm Service

Quantity of voice/alarm channels: \_\_\_\_\_ Single: \_\_\_\_\_ Multiple: \_\_\_\_\_

Quantity of speakers installed: \_\_\_\_\_ Quantity of speaker zones: \_\_\_\_\_

Quantity of telephones or telephone jacks included in system: \_\_\_\_\_

Quantity and the class of notification appliance circuits connected to system (see NFPA 72, Table 6.7):

Quantity: \_\_\_\_\_ Style: \_\_\_\_\_ Class: \_\_\_\_\_

Types and quantities of notification appliances installed:

(a) Bells \_\_\_\_\_ With Visible \_\_\_\_\_

(b) Speakers \_\_\_\_\_ With Visible \_\_\_\_\_

(c) Horns \_\_\_\_\_ With Visible \_\_\_\_\_

(d) Chimes \_\_\_\_\_ With Visible \_\_\_\_\_

(e) Other: \_\_\_\_\_ With Visible \_\_\_\_\_

(f) Visible appliances without audible: \_\_\_\_\_

**9. System Power Supplies**

(a) Fire Alarm Control Panel: Nominal voltage: \_\_\_\_\_ Current rating: \_\_\_\_\_  
Overcurrent protection: Type: \_\_\_\_\_ Current rating: \_\_\_\_\_  
Location: \_\_\_\_\_

(b) Secondary (standby):  
Storage battery: \_\_\_\_\_ Amp-hour rating: \_\_\_\_\_  
Calculated capacity to drive system, in hours: \_\_\_\_\_  
Engine-driven generator dedicated to fire alarm system: \_\_\_\_\_  
Location of fuel storage: \_\_\_\_\_

(c) Emergency system used as backup to primary power supply: \_\_\_\_\_  
Emergency system described in NFPA 70, Article 700: \_\_\_\_\_

**10. Comments**

Frequency of routine tests and inspections, if other than in accordance with the referenced NFPA standard(s):

System deviations from the referenced NFPA standard(s) are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(signed) for installation contractor/supplier \_\_\_\_\_ (title) \_\_\_\_\_ (date) \_\_\_\_\_

(signed) for alarm service company \_\_\_\_\_ (title) \_\_\_\_\_ (date) \_\_\_\_\_

(signed) for central station \_\_\_\_\_ (title) \_\_\_\_\_ (date) \_\_\_\_\_

Upon completion of the system(s) satisfactory test(s) witnessed (if required by the authority having jurisdiction):

(signed) representative of the authority having jurisdiction \_\_\_\_\_ (title) \_\_\_\_\_ (date) \_\_\_\_\_

## INSPECTION AND TESTING FORM

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

### SERVICE ORGANIZATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Representative: \_\_\_\_\_

License No.: \_\_\_\_\_

Telephone: \_\_\_\_\_

### PROPERTY NAME (USER)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Owner Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

### MONITORING ENTITY

Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

Monitoring Account Ref. No.: \_\_\_\_\_

### APPROVING AGENCY

Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

### TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other (Specify) \_\_\_\_\_

### SERVICE

- Weekly
- Monthly
- Quarterly
- Semiannually
- Annually
- Other (Specify) \_\_\_\_\_

Control Unit Manufacturer: \_\_\_\_\_

Model No.: \_\_\_\_\_

Circuit Styles: \_\_\_\_\_

Number of Circuits: \_\_\_\_\_

Software Rev.: \_\_\_\_\_

Last Date System Had Any Service Performed: \_\_\_\_\_

Last Date that Any Software or Configuration Was Revised: \_\_\_\_\_

### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Manual Fire Alarm Boxes
_____	_____	Ion Detectors
_____	_____	Photo Detectors
_____	_____	Duct Detectors
_____	_____	Heat Detectors
_____	_____	Waterflow Switches
_____	_____	Supervisory Switches
_____	_____	Other (Specify): _____

Alarm verification feature is disabled \_\_\_\_\_ enabled \_\_\_\_\_

(NFPA Inspection and Testing, 1 of 4)

*FIGURE 10.6.2.3 Example of an Inspection and Testing Form.*

**ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION!**

Quantity	Circuit Style	
_____	_____	Bells
_____	_____	Horns
_____	_____	Chimes
_____	_____	Strobes
_____	_____	Speakers
_____	_____	Other (Specify): _____

No. of alarm notification appliance circuits: \_\_\_\_\_

Are circuits monitored for integrity?     Yes     No

**SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity	Circuit Style	
_____	_____	Building Temp.
_____	_____	Site Water Temp.
_____	_____	Site Water Level
_____	_____	Fire Pump Power
_____	_____	Fire Pump Running
_____	_____	Fire Pump Auto Position
_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	Fire Pump Running
_____	_____	Generator In Auto Position
_____	_____	Generator or Controller Trouble
_____	_____	Switch Transfer
_____	_____	Generator Engine Running
_____	_____	Other: _____

**SIGNALING LINE CIRCUITS**

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity \_\_\_\_\_ Style(s) \_\_\_\_\_

**SYSTEM POWER SUPPLIES**

(a) Primary (Main):    Nominal Voltage \_\_\_\_\_ Amps \_\_\_\_\_

Overcurrent Protection: Type \_\_\_\_\_ Amps \_\_\_\_\_

Location (of Primary Supply Panelboard): \_\_\_\_\_

Disconnecting Means Location: \_\_\_\_\_

(b) Secondary (Standby):

\_\_\_\_\_ Storage Battery: Amp-Hr. Rating \_\_\_\_\_

Calculated capacity to operate system, in hours: \_\_\_\_\_ 24 \_\_\_\_\_ 60

\_\_\_\_\_ Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: \_\_\_\_\_

**TYPE BATTERY**

Dry Cell

Nickel-Cadmium

Sealed Lead-Acid

Lead-Acid

Other (Specify): \_\_\_\_\_

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

\_\_\_\_\_ Emergency system described in NFPA 70, Article 700

\_\_\_\_\_ Legally required standby described in NFPA 70, Article 701

\_\_\_\_\_ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

FIGURE 10.6.2.3 Continued

PRIOR TO ANY TESTING							
NOTIFICATIONS ARE MADE		Yes	No	Who	Time		
Monitoring Entity	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____		
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____		
Building Management	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____		
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____		
AHJ Notified of Any Impairments	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____		
SYSTEM TESTS AND INSPECTIONS							
TYPE	Visual	Functional	Comments				
Control Unit	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Interface Equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Lamps/LEDS	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Ground-Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	_____				
SECONDARY POWER							
TYPE	Visual	Functional	Comments				
Battery Condition	<input type="checkbox"/>		_____				
Load Voltage		<input type="checkbox"/>	_____				
Discharge Test		<input type="checkbox"/>	_____				
Charger Test		<input type="checkbox"/>	_____				
Specific Gravity		<input type="checkbox"/>	_____				
TRANSIENT SUPPRESSORS	<input type="checkbox"/>		_____				
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	_____				
NOTIFICATION APPLIANCES							
Audible	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Visible	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Voice Clarity		<input type="checkbox"/>	_____				
INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS							
Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____							
_____							
_____							
_____							

FIGURE 10.6.2.3 Continued

EMERGENCY COMMUNICATIONS EQUIPMENT		Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>		
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>		
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>		
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>		
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>		
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>		
System Performance	<input type="checkbox"/>	<input type="checkbox"/>		

  

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

SPECIAL HAZARD SYSTEMS	Visual	Device Operation	Simulated Operation
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: \_\_\_\_\_

Comments: \_\_\_\_\_

  

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

  

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input type="checkbox"/>	<input type="checkbox"/>		
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>		
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>		
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: \_\_\_\_\_

System restored to normal operation: Date: \_\_\_\_\_ Time: \_\_\_\_\_

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.**

Name of Inspector: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Owner or Representative: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_

(NFPA Inspection and Testing, 4 of 4)

FIGURE 10.6.2.3 Continued