

BRISTOL TOWNSHIP

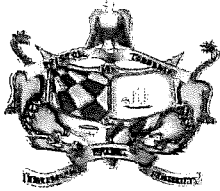
Office of the Fire Marshal

2501 Bath Road · Bristol, PA 19007 · (215) 785-0500 · Fax (215) 788-8541

FIRE ALARM INSTALLATION APPLICATION

Requirements / information for installing automatic or manual fire alarm systems:

- All contractors must be registered with Bristol Township, and must have current insurance on file with the Bristol Township Licensing and Inspections Department.
- All work will comply with all applicable Bristol Township, IFC, NFPA, and ADA codes/requirements, as well as manufacturer's specifications and UL listing requirements.
- Cut sheets for all the alarm systems devices and appliance must be submitted, as well as an approved drawing of the entire building showing room dimensions, ceiling height, and room descriptions.
- No work can begin until this permit is approved by the Bristol Township Fire Marshal.
- An alarm strobe will be mounted on the outside of the building facing the street.
- All **monitored** fire alarm systems require the installation of a Knox-box (key box) for fire department access.
- All non-residential fire alarm systems must be certified annually.
- All components of the fire alarm system shall be UL listed.
- All systems shall be fully addressable systems.
- The attached Certificate of Completion form shall be properly/completely filled out prior to scheduling final test with the Fire Marshal's Office, and a copy shall be provided to the Fire Marshal's Office.
- Request for final test/inspection must be made at least 2 business days in advance.



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FIRE ALARM INSTALLATION APPLICATION

Date of Application: _____ / _____ / _____

Business name where system is being installed: _____

Business address: _____
Street Town State Zip

Business owner: _____ (_____) _____ - _____
Name Phone number

Contractor installing system: _____

Contractors business address: _____
Street Address

Town State Zip

Contractor's phone # (_____) _____ - _____ Fax # (_____) _____ - _____

Contractors Bristol Twp. registration #: _____

Description of work being performed: _____

- I understand and agree all work will comply with all applicable Bristol Township, IFC, NFPA, and ADA codes/requirements, as well as manufacturer's specifications and UL listing requirements.
- I understand no work can begin until this permit is approved by the Township Fire Marshal.
- I understand I must request final test/inspection at least 2 business days in advance.

Contractor: _____
Print name Signature

=====**Do Not Write Below This Line**=====

Permit Fee= \$150.00 Check #: _____ Receipt # _____ Permit # _____

UCC Fee = \$4.00

Total permit fee = \$154.00

Permit application entered in computer by: _____ Date: _____ / _____ / _____

Approved for Installation: _____ Date: _____ / _____ / _____
Fire Official signature

Final inspection: Approved _____ Failed _____ If failed, reason- _____

Date: _____ / _____ / _____ Inspector: _____ Badge# _____

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ORDINANCE #1107 – INDIRECT ALARM USERS FEE

Name: _____

Address: _____

Telephone Number: _____

Alarm Company Name: _____

Business Address: _____

Telephone Number: _____

Name and address number of at least two (2) other persons who can be reached in case of emergency and who are authorized to open the premises in which the system has been installed.

Name: _____ Telephone Number # _____

Name: _____ Telephone Number # _____

Name: _____ Telephone Number # _____

- ALARM USERS FEE \$60.00 PER YEAR ANNUALLY PER BUSINESS**
- ALARM USERS FEE \$10.00 PER YEAR PAID ANNUALLY PER RESIDENCE**

Name: _____

Address: _____

Date: _____

RETURN THIS FORM ALONG WITH PAYMENT TO:

TOWNSHIP OF BRISTOL
****Finance Dept.**
2501 Bath Road
Bristol, Pennsylvania 19007
215.785.4710

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Date: _____

Time: _____

SERVICE ORGANIZATION:

Name: _____
Address: _____
Representative: _____
License Number: _____
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 _____
Circuit Styles _____
Number of Circuits _____
Software Rev.: _____

Model No: _____

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) _____

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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 (Specify) _____

a) _____

SIGNALING LINE CIRCUITS

Quantity and Style (See NFPA 72, Table 3-6) of signaling line circuits connected to system:

Quantity: _____ Styles: _____

SYSTEM POWER SUPPLIES

a) Primary (Main): Normal Voltage: _____, Amps: _____

Overload 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 backup to primary power, 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

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PRIOR TO ANY TESTING

<u>NOTIFICATIONS ARE MADE</u>	Yes	No	Who	Time
Monitoring Entity	[]	[]	_____	_____
Building Occupants	[]	[]	_____	_____
Building Management	[]	[]	_____	_____
Other (Specify)	[]	[]	_____	_____
AHJ (Notified) of any Impairments	[]	[]	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visible	Functional	Comments
Control Unit	[]	[]	_____
Interface Eq.	[]	[]	_____
Lamps/LEDS	[]	[]	_____
Fuses	[]	[]	_____
Primary Power Supply	[]	[]	_____
Trouble Signals	[]	[]	_____
Disconnect Switches	[]	[]	_____
Ground-Fault Monitoring	[]	[]	_____

SECONDARY POWER

TYPE	Visible	Functional	Comments
Battery Condition	[]		_____
Load Voltage		[]	_____
Discharge Test		[]	_____
Charger Test		[]	_____
Specific Gravity		[]	_____
TRANSIENT SUPPRESSORS	[]		_____
REMOTE ANNUNCIATORS	[]	[]	_____
NOTIFICATION APPLIANCES			
Audible	[]	[]	_____
Visual	[]	[]	_____
Speakers	[]	[]	_____
Voice Clarity		[]	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc.& S/N	Device Type	Visual Check	Functional Test	Factory Setting	Meas. Setting	Pass	Fail
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]

Comments: _____

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EMERGENCY COMMUNICATION EQUIPMENT

	Visual	Functional	Comments
Phone Set	[]	[]	_____
Phone Jacks	[]	[]	_____
Off-Hook Indicator	[]	[]	_____
Amplifier(s)	[]	[]	_____
Tone Generator(s)	[]	[]	_____
Call-in Signal	[]	[]	_____
System Performance	[]	[]	_____

INTERFACE EQUIPMENT

	Visual	Device Operation	Simulated Operation
(Specify) _____	[]	[]	[]
(Specify) _____	[]	[]	[]
(Specify) _____	[]	[]	[]

SPECIAL HAZARD SYSTEM

(Specify) _____	[]	[]	[]
(Specify) _____	[]	[]	[]
(Specify) _____	[]	[]	[]

SPECIAL PROCEDURES: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	[]	[]	_____	_____
Alarm Restoration	[]	[]	_____	_____
Trouble Signal	[]	[]	_____	_____
Supervisory Signal	[]	[]	_____	_____
Supervisory Restoration	[]	[]	_____	_____

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	[]	[]	_____	_____
Monitoring Agency	[]	[]	_____	_____
Building Occupants	[]	[]	_____	_____
Other (Specify)	[]	[]	_____	_____

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: _____