

FIRE ALARM PLAN SUBMITTAL

Once complete please return to:

Fire Department

Captain, Michel Mitchell

4798 Airport Parkway, Addison, TX 75001

Office (972) 450-7221

Fax (972) 450-7208

Carefully review requirements and checklist on the attached form before submitting plans.





**Addison Fire Department
Fire Prevention Division
4798 Airport Parkway
Addison, Texas 75001
Phone 972-450-7221 Fax 972-450-7208
FIRE ALARM PLAN
FEES = \$0**

**PLEASE ALLOW AT LEAST 10 BUSINESS DAYS FOR APPROVAL.
WE WILL CALL YOU WHEN READY.**

Fire Alarm Plan Review Requirements and Checklist

CONTRACTOR INFORMATION

PROJECT INFORMATION

Name:

Name:

Address:

Address:

Suite

City, State & Zip:

City, State & Zip:

Must provide DIRECT PHONE:

Ext:

Cell:

ACR #:

First Submittal
(Check One)

Re-Submittal
(Plans Rejected)

Additional Submittal
(Devices Added, Removed or Relocated)

Reference Notes:

- Use this coversheet when adding new and/or relocating fire alarm related panels and devices.
- A separate address, floor, suite or system requires a separate submittal and permit. Please do not include more than one job with this cover sheet.
- Installation of a fire system related panel will require a cut sheet and battery calculations.
- A full set of plans and equipment submittals are required. (Exclude equipment list if only relocating).
- Refer to the latest edition of the IBC, IFC, IMC and Town of Addison Ordinances for specific fire alarm requirements. The Town of Addison has recognizes the most recent edition of the NEC.
- Per NFPA 72, strobes in view of one another must synchronize even if on separate systems. You will be responsible to see that your devices synchronize with existing devices – plan accordingly.

**ALL PLANS SHALL BE FOLDED TO FIT AN 8 ½” X 11” FOLDER.
ROLLS MAY BE ACCEPTED ON LARGE PROJECTS ONLY.**

The planner shall mark with an “X” beside each line below to indicate the information is included with the submittal or indicate with “N/A” if not applicable.

INCOMPLETE PERMIT APPLICATIONS WILL BE RETURNED WITHOUT A REVIEW.

Provide the following on all plan sheets (3 Sets required):

- ____ 1. Company Name, Address, City, State & Zip, Phone Number and State Registration Number
- ____ 2. Planner’s Name, License Number and Original Signature
- ____ 3. Project Name, Address, City, State & Zip

- _____ 4. Scale (1/8" = 1' Minimum, 1/16" = 1' Acceptable for Large Buildings)
- _____ 5. Identification of areas that are "Not in Contract"
- _____ 6. Room Identification as to use
- _____ 7. Ceiling Construction and Height (if Devices are Ceiling Mounted)
- _____ 8. Point-to-Point Wiring from Fire Related Panels to all Devices
- _____ 9. Zone or Address Point Identification of Initiating Devices
- _____ 10. Circuit Identification of Indicating and Releasing Devices
- _____ 11. Strobe Candela Rating
- _____ 12. Speaker Voltage and Tap Information
- _____ 13. "Cloud", or Indicate, Revisions on Re-submittal or Additional Submittal

Provide the Following on One Plan Sheet (3 Required):

- _____ 14. Occupancy Classification and Occupant Load
- _____ 15. Indicate New or Existing Building
- _____ 16. Fully Sprinkled or Not
- _____ 19. Conduit Types and Sizes
- _____ 20. Symbol Legend – quantities of each device
- _____ 21. Schematic Riser Diagram
- _____ 22. Input/Output Matrix or Narrative Defining the Sequence of Events
- _____ 23. Description of System Monitoring

Provide the Following for the Equipment Submittal (3 Sets Required):

- _____ 24. Cover Sheet Indicating Name, Address, City, State & Zip and Permit Number of the Project
- _____ 25. Scope of Work
- _____ 26. Manufacturer Cut Sheet for all Fire Related Panels, Wire and all Devices.
- _____ 27. Battery Calculations for all Fire System Related Panels
- _____ 28. Voltage Drop Calculations for Indicating and Releasing Devices
- _____ 29. Amplifier Load Calculations
- _____ 30. U.L. Compatibility Listing between System Components and the FACP

I hereby certify that this submittal contains the above information as required by the City of Addison fire codes and standards.

Signature: _____
(Must be signed by the same Person who Signed Plans)

APS# _____ **or P.E. #** _____

Print Name: _____

Telephone #: _____

Ext: _____

Cell: _____

Any omission by the Fire Inspector should not be misinterpreted as permission to install a system incorrectly.

Upon Arrival of Fire Inspector for Final Acceptance Test:

- Fire alarm contractor will provide a ladder for the inspector's use.
- Ceiling tile shall be removed nearest each fire alarm device for inspection.
- All fire alarm testing will be performed on battery power.
- Inspections and tests before 8:00 AM and after 5:00 PM are available for an additional fee.

If you have any questions, or require additional information I can be reached at:

Office: 972-450-7221

Fax: 972-450-7208

Email: mmitchell@addisontx.gov

**Captain Michel Mitchell
Addison Fire Department**