

## APPLICATION FOR FIRE ALARM SYSTEM

Community Development Department, O'Fallon City Hall  
 255 South Lincoln Avenue, 2<sup>nd</sup> Floor  
 O'Fallon, IL 62269 Phone (618)624-4500 #4

(Do not write in this space -- For office use only)

Date: \_\_\_\_\_, \_\_\_\_\_

( ) Permit issue No. \_\_\_\_\_

( ) Permit denied

\* \* \* \* \*

**INSTRUCTIONS TO APPLICANTS:** All information required by the application must be completed and submitted **BY THE FIRE ALARM SYSTEM CONTRACTOR**. Applicants are encouraged to visit the Planning & Zoning Office for any assistance needed in completing this form.

1. Name of property owner(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Complete mailing address: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_
2. Contractor (Applicant): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Complete mailing address: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_
3. Design professional name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contact name: \_\_\_\_\_  
 \*Illinois Design Professional License #: \_\_\_\_\_  
 Complete mailing address: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_
4. Property address (9-1-1 approved) of proposed construction: \_\_\_\_\_  
 Name and description of proposed type of business: \_\_\_\_\_
5. ( ) New building (type of structure): \_\_\_\_\_  
 ( ) Tenant finish or remodel: \_\_\_\_\_
6. Total cost of work to be completed: \_\_\_\_\_

***The permit must be issued and paid for prior to installation of fire alarm system.***

(Applicant) \_\_\_\_\_

Dated: \_\_\_\_\_, \_\_\_\_\_

Planning & Zoning Division Official

## **Fire Alarm System Working Plan Requirements**

*The following information is required for permit approval.*

*Working plans shall be drawn to an indicated scale, on sheets of uniform size, with a plan of each floor, and shall show those items from the following list that pertain to the design of the system:*

- ☐ Submit catalog cuts for all equipment
- ☐ Provide the use group
- ☐ Provide the occupancy load
- ☐ Submit a zone chart or a device address list
- ☐ Submit battery calculations that include all power consuming devices
- ☐ Indicate the name of the monitoring agency and the listing of the agency
- ☐ Submit voltage drop calculations for the initiating and alarm device circuits
- ☐ Submit sequence of operations and special applications
- ☐ Indicate type of wire and protection of wire when exposed to physical damage
- ☐ Indicate a system test which indicates a test for each device

The working plan submittal shall include the manufacturer's installation instructions for any specially listed equipment, including descriptions, applications, and limitations for any sprinklers, devices, piping, or fittings.

Must provide 3 sets of plans.

**\*Submit this Checklist with Permit Application**

## ***Fire Sprinkler & Fire Alarm System Inspections***

**All inspections are scheduled through the Community Development office.**

### **FIRE LINE and FIRE DEPARTMENT CONNECTION:**

- The underground fire line will require a visual inspection of the piping and all thrust blocks prior to backfilling.
- The fire line must be pressure tested and flushed prior to connecting to the sprinkler system.
- Hydrostatic testing (200 lb. test) of the fire sprinkler system must be scheduled and completed by **our Office**.

### **FIRE SPRINKLER SYSTEM Testing:**

- Must be scheduled 24 hours in advance. **Our Office** will notify all other parties of the test, including Fire Dept.

### **FIRE ALARM SYSTEM COMMISSIONING:**

- Must be scheduled 24 hours in advance. **Our Office** will notify all other parties of the test, including Fire Dept.

### **KITCHEN HOOD INSPECTIONS:**

- Visual light test of the welds of the hood system, **prior to installation**.
- The hood dump must be scheduled 24 hours in advance **through the Community Development Department**.

**If you have any questions during the inspection and construction process, please do not hesitate to contact the Community Development Department at (618) 624-4500 ext. 4.**