

Township of Robinson

APPLICATION FOR COMMERCIAL FIRE ALARM SYSTEM PERMIT

<u>Application type</u> (Check all that apply)	<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> NEW DEVICES	<input type="checkbox"/> SYSTEM EXTENSION OR ALTERATION <input type="checkbox"/> REPAIRS
<u>Site Information</u>	NAME: _____ ADDR: _____ _____ Subdivision _____ Lot _____ Block _____ Construction Costs: _____	
<u>Use/Occupancy classification:</u> (Check all that apply)	<input type="checkbox"/> A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <input type="checkbox"/> A-5 <input type="checkbox"/> B <input type="checkbox"/> E <input type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/> H-1 <input type="checkbox"/> H-2 <input type="checkbox"/> H-3 <input type="checkbox"/> H-4 <input type="checkbox"/> H-5 <input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> I-4 <input type="checkbox"/> M <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> S-1 <input type="checkbox"/> S-2 <input type="checkbox"/> U	
<u>Type of work to be done</u> (check all that apply)	<input type="checkbox"/> New construction <input type="checkbox"/> Repair existing <input type="checkbox"/> Alteration and /or extension of system <input type="checkbox"/> Equipment replacement	
<u>Documentation required</u>	<input type="checkbox"/> Insurance certificates of contractors, if applicable, must be filed with this application. <input type="checkbox"/> Fire protection shop drawings stamped by engineer indicating the location of all devices and equipment <input type="checkbox"/> Equipment cut sheets <input type="checkbox"/> Battery calculations and voltage drops <input type="checkbox"/> Fire protection contractor registration as required by the Township of Robinson <input type="checkbox"/> New _____ <input type="checkbox"/> On file _____ Note: Shop drawings prepared by contractor must be reviewed and approved by and Engineer and must bear a shop drawing stamp from the Engineer.	
<u>Construction Details</u>	<input type="checkbox"/> Number of single dwelling units _____ <input type="checkbox"/> Number of devices _____ <input type="checkbox"/> Electrical system is located in a Hazardous location as defined by the International Building Code or the National Electric Code. <input type="checkbox"/> Installation requires explosion proof devices.	
<u>Description of Work</u>	_____ _____ _____	
<u>Owner Information</u>	Owner's name _____ Address _____ _____ Phone _____ Fax _____ Email _____	
<u>Contractor Information</u>	Company name _____ Address _____ _____ Contact Person _____ Phone _____ Fax _____ Email _____	
<u>Insurance Information</u>	Company Name _____ Address _____ Policy No. _____ Exp. Date _____ Coverage Amount _____ Note: A copy of your insurance certificate must accompany this application.	

<u>Applicant Signature</u>	Print Name _____ Signature _____ Date _____
-----------------------------------	--

-OFFICIAL USE ONLY-

FEE SCHEDULE _____ RESIDENTIAL _____ COMMERCIAL _____ INDUSTRIAL _____ DEMOLITION _____ SIGNS _____ X _____ = _____ OTHER _____ OTHER _____ TOTAL _____	PERMIT ISSUED _____ PERMIT REFUSED _____ REASON REVISED _____ Z.H.B. CASE # _____ Z.H.B. DECISION _____ X _____ BUILDING CODE OFFICIAL OR CONSTRUCTION CODE OFFICIAL CERTIFICATION NO. _____
---	--

Township of Robinson FIRE ALARM SYSTEM Permit Application

For Department use only

**COMMERCIAL ELECTRICAL
REQUIRED INSPECTIONS**

**IT IS MANDATORY TO CALL TOWNSHIP BUILDING INSPECTION
DEPARTMENT AT 412-788-8117 EXT. 266 FOR INSPECTIONS OR VISIT:**

<http://plans-examiners.com/townshipofrobinson.html>. - 48-HOUR NOTICE REQUIRED

Project Name: _____

Contact: _____ **Phone** _____

Rough Electrical: After installation of rough wiring and prior to concealment of any part.

Required:

Date:

Inspector Cert. #

Inspector Signature:

Fire Alarm System Acceptance: To be completed when systems are complete and operational.

Required:

Date:

Inspector Cert. #

Inspector Signature:

INSPECTION PENALTY:

Inspections not cancelled by 4:00pm of the previous regular business day preceding the day of the scheduled inspection, and re-inspections of previously failed items that incur subsequent failures of the same punch list item shall be subject to a \$75.00 fee per incident.