

# Fire Alarm Installation Filing Requirements

Per NFPA 72 Subsection 7.2

## Permit Fees:

### New Installation:

Initial Application Fee and Fire Alarm Control Panel - \$100  
1-25 Total Initiating/Notification/Supervisory Devices – \$150  
26-50 Total Initiating/Notification/Supervisory Devices - \$250  
51 or more Total Initiating/Notification/Supervisory Devices - \$400  
Emergency communication System - \$100  
Electrical Fee - \$75

## Pre-Permit

- Written narrative providing intent and system description
- Shop Drawings (meeting requirements of NFPA 72 subsection 7.4)
  - 1- Digital copy (PDF)
- Sequence of operation in an Input/output Matrix
- Riser Diagram
- Equipment technical data sheets
- System battery and voltage drop calculations
- Mounting height elevation for wall mounted devices
- Minimum sound pressure levels that must be produced by the audible notification appliances
- System Installer qualification documentation
- Required Insurances
  - Workers Compensation C105.2     \*Town must be listed as certificate holder\*
  - Disability DB120.1            \*We do not accept accord forms\*

## Close Out

- Completion documentation
  - Letter of completion (as per NFPA 72 Subsection 7.5.2)
  - Record of Inspection and Testing
- As built drawing onsite (hard copy) and Fire Safety Office (PDF).
- Owner has received manual and manufacturer's published instructions.
- Acceptance test/inspection witnessed by AHJ.

**ALL FIRE ALARM SYSTEMS REQUIRE A KNOX BOX TO BE INSTALLED ON THE PROPERTY. IF THERE IS AN EXISTING KNOX BOX, THE KNOX BOX MUST BE UPDATED TO NEW E-CORE.**

# Town of Cheektowaga Building Permit Application



Office Use Only	
Application Number:	_____
Assigned Inspector:	_____
Permit Fee:	_____
Received By:	_____

Today's Date: \_\_\_\_\_

Plans filed:  Yes  No

**Job Address:** \_\_\_\_\_ **Suite Number:** \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Property Owner's Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_  
Street City State Zip code

Applicant's Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Building Contractor's Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip code

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Plumbing Contractor Name:** \_\_\_\_\_

## Description of Work:

- Residential  Commercial  Plumbing  Fire  Signs  Other

Please describe your work: \_\_\_\_\_

**Estimated Value of Construction:** \_\_\_\_\_

The Town of Cheektowaga "Cost of construction table" will be used when costs provided are erroneous

## Owner / Agent Certification:

I certify that I am the owner of record or have the permission of the owner of record to perform the work herein; and that all the information provided as part of this application is correct and true.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature