

# **Boston Fire Department**

## **Fire Prevention Division**

1010 Massachusetts Ave, Boston, Ma. 02118

617-343-2188

617-343-2133 fax

### ***Fire Alarm System Permit Guidelines***

**The following information is necessary for review to begin, and must be submitted.**

**1. Plans with device locations, room labels and scale noted.**

Plans should be submitted as fire alarm layer only. Where more than one type of visual appliance is specified, the candela of each should be noted as a subscript to the device on the drawings. A riser diagram is required for each system.

**2. Manufacturer's cut sheets for all equipment.**

Manufacturer's cut sheets are checked for UL listing, compatibility and to double-check battery calculations. Be sure this information is available.

**3. Complete Battery calculations back to main panel.**

All initiating devices and notification appliances should be included. If this is an addition to an existing system, the ability of the existing panel to accept the addition of a zone or devices should be shown.

**4. Narrative describing scope of work and basis of design.**

The narrative should briefly but completely address the scope of work being done. This should also state the type of occupancy per 780 CMR, chapter 3 (use groups) as well as the code which the fire alarm system is designed under. If the designer is taking advantage of exceptions within the State Building Code, this should be addressed here.

**5. Sequence of Operations for alarm system.**

This will describe how the initiating devices report an alarm condition to the building occupants and/or the fire department. Additional controls by the fire alarm system, such as elevator recall and smoke control should be addressed.

- Plans will be assigned a "document number" which is used for internal tracking purposes only. All contact or information between an applicant and the Boston Fire Department concerning a set of plans should always reference the assigned document number.
- Locations requesting a Masterbox installation must have the designer or installer contact Superintendent
- Patrick O'Rourke, 617-343-2060, prior to beginning installation.

**Permits are valid for one year after approval. Contact this office for extensions.**

# Boston Fire Department

## Fire Alarm System Installation/Alteration Permit Application Applications not completed will not be accepted

Building Address \_\_\_\_\_

Vanity Address \_\_\_\_\_

Owner \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Engineer of Record \_\_\_\_\_ Phone \_\_\_\_\_

Company \_\_\_\_\_ PE # \_\_\_\_\_

Address \_\_\_\_\_

Electrical Contractor \_\_\_\_\_ Customer ID \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

Scope of work: \_\_\_\_\_

\_\_\_\_\_

### Building information:

High Rise    yes    no            Sprinkler    yes    no            Fire Pump    yes    no

Occupancy \_\_\_\_\_ Use group \_\_\_\_\_

### Code controlling design:

CMR 780 \_\_\_\_\_ edition                      CMR 527                      Chapter 148, MGL

### Alarm system details:

New system    Alteration of existing system; Floors involved \_\_\_\_\_

UL Central Station            Masterbox            Proprietary/Remote            Local

Initiating Circuit                      Class \_\_\_\_\_ Style \_\_\_\_\_

Signaling Line Circuit                      Class \_\_\_\_\_ Style \_\_\_\_\_

Notification Circuit                      Class \_\_\_\_\_ Style \_\_\_\_\_

*The information on this application is true to the best of my knowledge.*

Applicant \_\_\_\_\_ Dates \_\_\_\_\_

(print)

(period of installation)

Document no. \_\_\_\_\_ Approval \_\_\_\_\_ Date \_\_\_\_\_



**Internal Systems Inspector**  
**Emergency Management Division**  
1010 Massachusetts Avenue  
Boston, Ma. 02118  
617-343-2896  
617-343-3096 fax

Request for Fire Alarm Acceptance Test per Fire Alarm Order 93-1

Document Number \_\_\_\_\_

This is to certify that the fire alarm system located at

\_\_\_\_\_

has been 100% inspected, and functions in complete compliance with the system specifications and manufacturer's recommendations.

\_\_\_\_\_  
*Fire Alarm Service Company*

\_\_\_\_\_  
*Authorized Service Manager*

\_\_\_\_\_  
*Date*

Note:

- A dated copy of the completed 100% test documentation and NFPA Record of completion must be submitted with this request.
- A minimum of five days is required to schedule Fire Department testing after receipt of this form.
- Normal test hours are between 8:00 am and 4:00 pm on weekdays.
- In the event that the fire alarm system fails Boston Fire Department testing, reimbursement to the City of Boston for costs associated with the initial test may be required prior to scheduling a re-test of the system.