

Township of Robinson

APPLICATION FOR COMMERCIAL FIRE ALARM SYSTEM PERMIT

Application type (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
Site Information	NAME: _____ ADDR: _____ Subdivision _____ Lot _____ Block _____ Construction Costs:	
Use/Occupancy classification: (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	
Type of work to be done (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	
Documentation required	<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.	
Construction Details	<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.	
Description of Work	_____ _____ _____	
Owner Information	Owner's name _____ Address _____ _____ Phone _____ Fax _____ Email _____	
Contractor Information	Company name _____ Address _____ _____ Contact Person _____ Phone _____ Fax _____ Email _____	
Insurance Information	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 _____

FA

-OFFICIAL USE ONLY-

FEE SCHEDULE _____ RESIDENTIAL _____ COMMERCIAL _____ INDUSTRIAL _____ DEMOLITION _____ SIGNS X = _____ OTHER _____ OTHER _____ TOTAL _____	PERMIT ISSUED _____ PERMIT DENIED _____ REASON REVISED _____ Z.H.B.CASE # _____ Z.H.B. DECISION _____ X _____ BUILDING CODE OFFICIAL OR CONSTRUCTION CODE OFFICIAL CERTIFICATION NO. _____
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Township of Robinson FIRE ALARM SYSTEM Permit Application

**COMMERCIAL FIRE ALARM
REQUIRED INSPECTIONS**
IT IS MANDATORY TO CALL PEI FOR INSPECTIONS
AT 412-787-1510 OR VISIT:

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

Project Name: _____

Contact: _____ **Phone** _____

For Department use only

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.