

# FIRE ALARM APPLICATION

In accordance with the Code of the Town of Gates and the NYS Fire Prevention and Building Code, no permit-required work will begin prior to the issuance of proper permits and/or approvals by the Town of Gates.

**Town of Gates**  
 Office of the Fire Marshal  
 1605 Buffalo Road  
 Rochester, NY 14624  
 (585) 247-6100  
 (585) 426-8581 Fax  
 www.townofgates.org



**All fields must be completed. If not applicable, please mark with N/A** **Date:** \_\_\_\_\_

## SITE INFORMATION

<b>BUILDING/SITE NAME:</b>
<b>BUILDING/SITE ADDRESS:</b>
<b>MAILING ADDRESS:</b>

WILL THE AREA OF THIS WORK BE TENANT OCCUPIED? YES  NO  (If yes, fill in the information field below)

## OCCUPANT / TENANT INFORMATION

<b>TENANT NAME:</b>
<b>ADDRESS:</b>

## APPLICANT INFORMATION

<b>BUSINESS NAME:</b>		
<b>ADDRESS:</b>		
<b>PHONE#:</b>	<b>FAX#:</b>	<b>E-MAIL:</b>
<b>CONTACT NAME:</b>		
<b>SIGNATURE:</b>		

## (SUB) CONTRACTOR PERFORMING WORK

(CONTRACTOR PERFORMING WORK MUST HAVE WORKMEN'S COMPENSATION INSURANCE CERTIFICATE ON FILE IN THE BUILDING DEPT. NAMING THE TOWN OF GATES AS ADDITIONAL INSURED)

<b>NAME:</b>		
<b>ADDRESS:</b>		
<b>PHONE#:</b>	<b>FAX#:</b>	<b>E-MAIL:</b>
<b>ON SITE CONTACT NAME:</b>		<b>CELL PHONE#:</b>

DOES THE SCOPE OF THIS PROJECT INVOLVE MORE THAN ONE BUILDING? YES  NO  TOTAL # of Buildings \_\_\_\_\_  
 DOES THIS WORK IMPACT MORE THAN ONE SYSTEM? YES  NO  TOTAL # of Systems \_\_\_\_\_

**PURPOSE:** Installation  Addition  Alteration  Repair

IS THIS A REPLACEMENT OF AN EXISTING SYSTEM? YES  NO

**Submittal of plans and payment of fees does not imply Permission or permit by the Town of Gates for project design or commencement of work.**

**APPROVED PLANS AND A COPY OF THE PERMIT MUST BE KEPT ON SITE DURING CONSTRUCTION.**

### TYPE OF SYSTEM:

*(check the one most applicable)*

- \_\_\_\_\_ Automatic Fire Alarm
- \_\_\_\_\_ Automatic Supervised Fire Alarm
- \_\_\_\_\_ Supervised Fire Alarm
- \_\_\_\_\_ Combined Fire / Burglar Alarm
- \_\_\_\_\_ Central Reporting Only

*(check the one most applicable)*

- \_\_\_\_\_ Addressable
- \_\_\_\_\_ Non-Addressable
- \_\_\_\_\_ Full
- \_\_\_\_\_ Partial
- \_\_\_\_\_ Wireless

### SYSTEM REQUIRED: Y or N REQUIRED BY:

- \_\_\_\_\_ Fire/Building Code
- \_\_\_\_\_ Insurance
- \_\_\_\_\_ Other \_\_\_\_\_

**Note:** The issuance of a permit based upon plans specifications, data and other reports shall not prevent the Town of Gates from thereafter requiring correction of deficiencies. Any deficiencies found during field inspection, testing, or Fire Marshal surveys must also be corrected.

In addition to a Fire Alarm construction permit issued by the Town of Gates, an additional annual Avoidable Fire Alarm permit is required from the Town Clerk of the Town of Gates.

All work shall comply with all applicable codes and standards, including the NYS Fire Prevention and Building Code, NFPA 72 and the Code of the Town of Gates.

Low-pressure supervision is required for all dry pipe sprinkler systems and for pre-action sprinkler systems.

The completed installation shall pass a visual inspection and complete operating test witnessed by a representative of the Office of the Fire Marshal. **Fire alarm systems shall be fully pre-tested and fully functional prior to scheduling inspections.** (A fee of \$50.00 will be charged for each re-inspection)

Please call the Office of the Fire Marshal at least 24 hours in advance to schedule inspections or tests.

**Contractors Certificate of Completion** shall be provided to the Town of Gates prior to the final acceptance test.

**PROJECT NARRATIVE:** (Including *specific scope, building, floor, suite, system, and location* of work)

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**BUILDING OCCUPANCY CLASSIFICATION** \_\_\_\_\_

**A PERMIT SHALL NOT BE ISSUED WITHOUT COPIES OF THE FOLLOWING:**

*Included*

- Drawings – 2 Copies (stamped and signed by an Architect or Engineer)
- <sup>n/a</sup>  Equipment Cut – Sheets
- Voltage Drop Calculations
- Battery Calculations