



CITY OF CATOOSA
214 S. Cherokee
Catoosa, OK 74015
918-688-6031

Date: _____
 A/P#: _____

Asst. Chief Jim Frazier
FIRE ALARM/DETECTION/SUPPRESSION
PERMIT APPLICATION

Note: Please print or type all data. Form must be filled out completely.

- CONSTRUCTION ADDRESS _____ SUITE NO. _____ FLOOR _____
- BUSINESS NAME _____
- MULTI-STORY EQUIPMENT/SYMBOL LEGEND YES NO STRIP MALL YES NO
- EXACT LOCATION OF WORK _____
- COMMERCIAL BUILDING PERMIT NO. _____ IS THIS A REQUIRED SYSTEM: YES NO
- TYPE OF WORK: NEW BUILDING REMODEL OTHER _____
- DESCRIBE PROPOSED USE FOR BUILDING OR STRUCTURE IN DETAIL _____

- ACCOUNT NO. _____ NO. OF PLANS _____ NO. OF PAGES OF ONE SET OF PLANS & SPECIFICATIONS _____
- CONTRACTOR _____ LOCAL CONTACT ADDRESS _____
- CITY _____ STATE _____ ZIP _____ PHONE NO. _____ FAX NO. _____
- E-MAIL ADDRESS: _____
- OWNER _____ ADDRESS _____
- CITY _____ STATE _____ ZIP _____ PHONE NO. _____ FAX NO. _____
- Email Address _____

Fire Alarm/Detection

- TYPE OF WORK: MANUAL FIRE ALARM SYSTEM FIRE ALARM SYSTEM TO MONITOR SPRINKLER SYSTEM
- AUTOMATIC FIRE ALARM SYSTEM NON-REQUIRED SIGNAL/DETECTION

TOTAL NUMBER OF DEVICES TO BE INSTALLED: _____

EXHIBIT THE FOLLOWING ON OR WITH THE PLANS:

1. FLOOR PLAN SHOWING: (A) SCALE, (B) LABEL THE ROOMS WITH NUMBERS AND USE, (C) NORTH ARROW (D) EQUIPMENT/SYMBOL LEGEND
2. FACP / ANNUNCIATOR PANEL LOCATION
3. COMPLETE THE ATTACHED DEVICE QUANTITY AND TYPE INFORMATION SHEETS ATTACHED.
4. BATTERY CALCULATIONS

Fire Suppression

- TYPE: WATER SPRINKLER WET CHEMICAL DRY CHEMICAL FOAM GAS
- WET STANDPIPE DRY STANDPIPE NO. OF RISERS PER FLOOR (FOR STANDPIPE ONLY): _____
- WATER SPRINKLER SYSTEM # OF HEADS _____ DESIGN _____ NFPA HAZARD CLASSIFICATION _____
- NO. OF FLOORS SERVICED _____ SUPPRESSION TYPE _____ SQUARE FOOTAGE _____

CITY OF CATOOSA
FIRE ALARM INSPECTION AND TESTING FORM

FIRE SUPPRESSION (CONT.)

EXHIBIT THE FOLLOWING ON OR WITH THE PLANS:

1. FLOOR PLAN SHOWING:

- SCALE
- LABEL THE ROOMS WITH NUMBERS AND USE
- NORTH ARROW
- SPRINKLER HEAD LEGEND
- FIRE DEPARTMENT CONNECTION
- OVERHEAD DOOR LOCATIONS WITH SPRINKLER PROTECTION PROVIDED

2. SITE PLAN SHOWING:

- SCALE
- NORTH ARROW
- UNDERGROUND FIRE MAIN (LOCATION AND SIZE).
- LOCATION OF FIRE FLOW METER AND BACKFLOW PREVENTION.
- FIRE DEPARTMENT CONNECTION
- FIRE HYDRANTS PROTECTING FACILITY

3. PROVIDE THE FOLLOWING IF WAREHOUSE FACILITY:

- NFPA 13 HAZARD CLASS _____
- STORAGE HEIGHT _____
- CEILING HEIGHT _____
- COMMODITY CLASSIFICATION _____
- STORAGE ARRANGEMENT _____
- NFPA 13 DESIGN TABLE USED _____

INFORMATION FOR BUILDING:

TOTAL HEIGHT OF BUILDING _____ TOTAL NUMBER OF STORIES _____ TOTAL NUMBER OF BASEMENT LEVELS _____

IS EXISTING BUILDING TOTALLY SPRINKLERED? _____ PARTIALLY SPRINKLERED? _____

IF PARTIALLY SPRINKLERED EXPLAIN _____

CITY OF CATOOSA FIRE ALARM INSPECTION AND TESTING FORM

SYSTEM TYPE: AUXILIARY REMOTE STATION PROPRIETARY CENTRAL STATION LOCAL

MONITORING ENTITY _____

CONTACT: _____ PANEL MANUFACTURER: _____

TELEPHONE: _____ MODEL #: _____

MONITORING ACCOUNT REFERENCE NUMBER: _____

ALARM INITIATING DEVICES		ALARM INDICATING APPLIANCES	
QUANTITY	DEVICE	QUANTITY	DEVICE
	MANUAL STATIONS		HORNS
	ION DETECTORS		HORN/STROBES
	PHOTO DETECTORS		SPEAKERS
	DUCT DETECTORS		SPEAKER/STROBES
	HEAT DETECTORS		STROBES
	WATERFLOW SWITCHES		OTHER: (SPECIFY BELOW)
	SUPERVISORY SWITCHES		
	OTHER: (SPECIFY BELOW)		
SYSTEM POWER SUPPLIES			
PRIMARY VOLTAGE (MAIN):			
FACP OPERATING VOLTAGE:			
FACP OPERATING AMPS:			
LOCATION (ELECTRICAL PANEL NUMBER OR NAME):			
DISCONNECTING MEANS LOCATION (ROOM # OR NAME):			