



LA PORTE FIRE MARSHAL'S OFFICE



FIRE ALARM PLAN SUBMITTAL REQUIREMENTS

(Complete all of the following information. Please print.)

| General Information | | |
|--|--|--|
| Type of Work (Check one): | | New system in new building |
| | | New system in existing building |
| | | Replacement of existing system |
| | | Modification of existing alarm system or Repair of existing alarm system |
| | | Re-submittal |
| | | Other - Explain |
| Project Name: | | |
| Date: | | |
| Number of Plans Submitted: | | Number of Pages: |
| Site/Property Information | | |
| Project Address: | | |
| Project Name: | | |
| Building Name: | | |
| Alarm Contractor Information | | |
| Licensed Alarm Contractor Requesting Permit: | | |
| Contractor I.D. Number: | | Subcontractor to: |
| Contractor Address: | | |
| Business Phone #: () | | Fax#: () |
| Point of Contact/Licensee Information | | |
| Applicant's Name: | | |
| Applicant's Position/Title: | | |
| State License Number: | | Type: Expiration Date: |
| Day Phone #: () | | Mobile Phone #: () |
| Fax #: () | | Email: |

120 South 2nd Street, La Porte, TX 77571
Office: 281-867-4603
Fax: 281-867-4629

| Building Information | |
|-----------------------------|--|
|-----------------------------|--|

| | |
|-------------------|--|
| Number of Floors: | |
|-------------------|--|

| | |
|------------------------------|--|
| Building Occupancy Group (s) | |
|------------------------------|--|

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- 1) Check the appropriate box below if this work is associated with any of the following types of work.
 2) List the City of La Porte Building Permit Number.

| | | | |
|--|--|------------------------|----------------|
| | | New Construction | Permit Number: |
| | | Building Addition(s) | Permit Number: |
| | | Building Renovation(s) | Permit Number: |
| | | Alarm Work Only | Permit Number: |
| | | Other | Permit Number: |

| Alarm System Coverage (Check all that apply) | |
|---|--|
|---|--|

| | | |
|--|--|--|
| | | Required manual fire alarm system (Refer to IFC) |
| | | Required automatic detection (Refer to IFC & NFPA) |
| | | Non-required automatic detection (Refer to NFPA) |
| | | Audible/visual annunciation (Refer to NFPA) |
| | | Sprinkler Monitoring (Refer to IFC & NFPA) |
| | | HVAC smoke detector monitoring (Refer to IFC & NFPA) |
| | | Smoke damper detectors (Refer to IFC & NFPA) |
| | | Smoke rated fire doors (Refer to IFC & NFPA) |
| | | High Rise Building (Refer to IFC & NFPA) |
| | | Elevators (Refer to IFC & NFPA) |
| | | Type I cooking hood extinguishing system monitoring (IMC & NFPA) |
| | | Special extinguishing system releasing panel (Refer to NFPA) |
| | | Offsite alarm supervision (Refer to NFPA) Type: _____ |

EXPLANATORY COMMENTS:

| Checklist for Plans Submittal | | |
|--|-----------------------------|--|
| The following is a list of construction documents which must be submitted with this application. Refer to the separate Fire Alarm Permit Plan Review Requirements document for detailed requirements of each item. | | |
| General | | |
| Submitted | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Site Plan |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Floor Plans |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1-line diagram (Riser) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Battery & Voltage drop calculations |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Manufacturers, Data Sheets & Model Numbers for all equipment, and devices |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Alarm response matrix |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Clear description of ceiling construction and height or detailed elevation drawing |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Operation of any specialized equipment (smoke control/exhaust or other life safety systems). |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Compatibility listings to verify component compatibility with the FA control panel |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other - |

| K. Expiration of Plan Review: | |
|--|-------|
| Pursuant to 2003 IFC Section 105.2.3, an application for a permit for any proposed work or operations shall be deemed to have been abandoned six (6) months after the date of filing, unless such application has been diligently prosecuted or a permit shall have been issued; except that the fire code official is authorized to grant one or more extensions of time for additional periods not exceeding ninety (90) days each if there is reasonable cause. | |
| L. Certification: | |
| This document is a governmental record. Individuals who knowingly make a false entry in, or false alteration of, a governmental record are subject to criminal prosecution under Section 37.10 of the Penal Code, Vernon's Texas Code Annotated. | |
| I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to violate or cancel the provisions of any other state or local law regulating constitution or the performance of construction. I also understand that the installation of any of the work related to this permit application shall not proceed until approved plans are issued from the City of La Porte. | |
| Signature: | Date: |
| Print Name: | |

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NOTES:

- 1) ALL Fire Alarm Systems shall be designed so silencing the Audible WILL NOT cancel the Visuals through-out the facility. The strobes shall remain active when the system has been silenced and will remain active until the system has been reset.**

- 2) An approved copy of the Fire Alarm Systems Plan Review Submittal and the Plan Review issued by the Fire Marshal's Office shall be posted on the job site until the final inspection is issued by the City of La Porte Fire Marshal's Office.**

- 3) The Fire Marshal's Office must witness a function test of the Fire Alarm system.**

- 4) Contact the Fire Marshal's Office 24hrs in advance to schedule a Fire Alarm system test.**

| FIRE MARSHAL'S OFFICE USE ONLY | |
|--|--------------------|
| Date of Completion: _____ | Reviewed By: _____ |
| Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Require Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____ | |
| Fee's Due: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Amount Paid: _____ | |
| Date Paid: _____ | |

MINIMUM FIRE ALARM SYSTEM PLAN REVIEW SUBMITTAL REQUIREMENTS:

1. Title block including the following:

- 1.1.1. Authority Having Jurisdiction – *City of La Porte Fire Marshal.*
- 1.1.2. Designed in accordance (code and code date) – *2003 IFC & 2000 Life Safety Code, NFPA*
- 1.1.3. Project name
- 1.1.4. Project address
- 1.1.5. Contractor Name, Address and License Number
- 1.1.6. Drawn By
- 1.1.7. Scale 1/8" = 1'
- 1.1.8. Date

2. Plan shall be drawn to an indicated scale, on sheets of uniform size, with a plan of each floor, and shall show those items from the following list that pertain to the design of the system:

- 2.1.1. Name of owner and occupant
- 2.1.2. Location, including street address
- 2.1.3. Device legend
- 2.1.4. Floor identification with Room descriptions (identify use of each room)
- 2.1.5. Point of compass with North as reference.
- 2.1.6. All walls and doors, all partitions including height, type of ceiling, beams, pockets, etc.
- 2.1.7. Main Occupancy class of the building, auxiliary areas and rooms
- 2.1.8. Fire alarm initiating devices and notification appliance locations, including mounting heights, listed candela ratings and decibel levels
- 2.1.9. Location of FACP, annunciator panels, digital communicator, monitor / control interfaces to other systems and fire alarm primary power connection for all control locations
- 2.1.10. Number and location of phone lines used
- 2.1.11. Wiring arrangement and relays for elevator capture, HVAC shut- down, or other system interfaces.
- 2.1.12. Addressable system identification for each device
- 2.1.13. Minimum and maximum air velocities for HVAC units to determine compatibility with duct mounted smoke detectors
- 2.1.14. Scaled cross-section representation of detector mounting location for door closure devices
- 2.1.15. A sequence of operations of the fire alarm system (fire alarm matrix) and the required reset procedures
- 2.1.16. A single line zone riser diagram indicating the area, number of devices per initiating circuit,
- 2.1.17. Fire alarm riser diagram showing the general arrangement of the system in building cross-section listing the type and number of fire alarm system components / on each circuit, on each floor.
- 2.1.18. Control panels wiring diagrams, power supplies, battery chargers and annunciators
- 2.1.19. Voltage drop calculation for notification appliance circuits – (maximum 10%)
- 2.1.20. Battery calculations when batteries are used as secondary power supply indicating the total standby duration and alarm duration
- 2.1.21. Sources of secondary power other than battery

3. Manufacturers cut sheets showing the following:

- 3.1.1. Make, model, and type of FACP
- 3.1.2. Make, model, and type of annunciator panels
- 3.1.3. Make, model and type of automatic detection devices
- 3.1.4. Make, model and type of manual detection devices
- 3.1.5. Make, model and type of audible / visual indicating appliances including decibel / candela rating
- 3.1.6. Make, model and type of fire department command center equipment
- 3.1.7. Make, model and type of offsite reporting equipment
- 3.1.8. Make, model and type of wire or cable used for field wiring of the alarm system
- 3.1.9. Make, model and type of door hold-open devices, smoke dampers, HVAC shutdown, and commercial kitchen exhaust system devices affecting buildings or fire protection equipment