

# Fire Alarm Plan Submittal Requirements

## **PROVIDE THE FOLLOWING ON ALL PLAN SHEETS:**

- \_\_\_ 1. COMPANY NAME, ADDRESS, PHONE NUMBER, AND STATE LICENSE NUMBER.
- \_\_\_ 2. PLANNER'S NAME, LICENSE NUMBER AND DIGITAL SIGNATURE.
- \_\_\_ 3. PROJECT NAME AND ADDRESS.
- \_\_\_ 4. SCALE (1/8" = 1' MINIMUM, 1/16" = 1' ACCEPTABLE FOR LARGE BUILDINGS).
- \_\_\_ 5. IDENTIFICATION OF AREAS THAT ARE "NOT IN CONTRACT".
- \_\_\_ 6. ROOM IDENTIFICATION AS TO USE.
- \_\_\_ 7. CEILING CONSTRUCTION AND HEIGHT (IF DEVICES ARE CEILING MOUNTED).
- \_\_\_ 8. POINT-TO-POINT WIRING FROM FIRE RELATED PANELS TO ALL DEVICES.
- \_\_\_ 9. ZONE OR ADDRESS POINT IDENTIFICATION OF INITIATING DEVICES.
- \_\_\_ 10. CIRCUIT IDENTIFICATION OF INDICATING AND RELEASING DEVICES.
- \_\_\_ 11. STROBE CANDELA RATING.
- \_\_\_ 12. SPEAKER TAP INFORMATION.
- \_\_\_ 13. "CLOUD", OR INDICATE, REVISIONS ON RESUBMITTAL OR ADDITIONAL SUBMITTAL.

## **PROVIDE THE FOLLOWING ON AT LEAST ONE PLAN SHEET:**

- \_\_\_ 14. OCCUPANCY CLASSIFICATION AND OCCUPANT LOAD.
- \_\_\_ 15. INDICATE IF NEW OR EXISTING BUILDING.
- \_\_\_ 16. CONDUCTOR TYPES AND GAUGES.
- \_\_\_ 17. CONDUIT TYPES AND SIZES.
- \_\_\_ 18. SYMBOL LEGEND.
- \_\_\_ 19. SCHEMATIC RISER DIAGRAM.
- \_\_\_ 20. INPUT/OUTPUT MATRIX OR NARRATIVE DEFINING THE SEQUENCE OF EVENTS.
- \_\_\_ 21. DESCRIPTION OF SYSTEM MONITORING.

## **PROVIDE THE FOLLOWING FOR THE EQUIPMENT SUBMITTAL:**

- \_\_\_ 22. COVERSHEET INDICATING NAME, ADDRESS AND PERMIT NUMBER OF PROJECT.
- \_\_\_ 23. SCOPE OF WORK.
- \_\_\_ 24. MANUFACTURER CUT SHEET FOR ALL FIRE RELATED PANELS, WIRE AND ALL DEVICES INDICATING THE APPLICABLE CURRENT DRAW, DECIBEL RATING, ETC. IDENTIFY WITH ARROW, OR OTHERWISE INDICATE, WHICH MODEL WILL BE INSTALLED.
- \_\_\_ 25. BATTERY CALCULATIONS FOR ALL FIRE SYSTEM RELATED PANELS.
- \_\_\_ 26. VOLTAGE DROP CALCULATIONS FOR INDICATING AND RELEASING DEVICES.
- \_\_\_ 27. AMPLIFIER LOAD CALCULATIONS.
- \_\_\_ 28. U.L. COMPATIBILITY LISTING BETWEEN SYSTEM COMPONENTS AND THE FACP.

Print Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Signature: \_\_\_\_\_ APS or PE# \_\_\_\_\_

(Must be signed by same person that signed plans)