

ALRM – COMMERCIAL FIRE ALARM - APPLICATION FORM

FOR OFFICIAL USE ONLY PERMIT APPLICATION NO <div style="font-size: 2em; font-weight: bold; margin-left: 20px;">1</div> <hr/> SUBMITTED / / NOTIFIED / / ZONING <hr/>	TOTAL FEE BLDG _____ PLRV _____ CERT _____ ARCHIVING FEE _____ APP FEE _____ WEB www.aurora-il.org FAX (630) 256-3139 TELEPHONE (630) 256-3130	 <p style="text-align: center;">DIVISION OF BUILDING & PERMITS 65 WATER STREET AURORA, ILLINOIS 60505</p>
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LAND / PARCEL INFORMATION

PROPERTY ADDRESS _____

IS THIS WORK ASSOCIATED WITH OTHER CONSTRUCTION? YES NO
IF YOU ANSWERED YES, PLEASE PROVIDE BUILDING PERMIT NUMBER _____

COUNTY (CHECK ONE) <input type="checkbox"/> KANE <input type="checkbox"/> DuPAGE <input type="checkbox"/> KENDALL <input type="checkbox"/> WILL	TOWNSHIP (CIRCLE ONE) 11 12 04 14 15 07	TOWNSHIP SECTION # _____ BLOCK # (if known) _____	LOT# (if known) _____
(Call tax assessor's office with questions)		03 01	

PROPERTY OWNER & CONTACT NAME _____

OWNERS ADDRESS _____

PHONE # () _____

FAX # () _____

E-MAIL _____

TENANT & CONTACT NAME _____

ADDRESS _____

PHONE # () _____

FAX # () _____

E-MAIL _____

**ZONING INFORMATION
OCCUPANCY CLASSIFICATION**

Existing Use / Occupancy _____

Proposed Use / Occupancy _____

- Check all Occupancy Classifications that apply below.
- | | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| Assembly | <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 |
| Business, Education, Factory | <input type="checkbox"/> B | <input type="checkbox"/> E | | <input type="checkbox"/> F-1 | <input type="checkbox"/> F-2 |
| Hazardous | <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 |
| Institutional | <input type="checkbox"/> I-1 | <input type="checkbox"/> I-2 | <input type="checkbox"/> I-3 | <input type="checkbox"/> I-4 | <input type="checkbox"/> I-5 |
| Mercantile, Residential | <input type="checkbox"/> M | | <input type="checkbox"/> R-1 | <input type="checkbox"/> R-2 | |
| Storage, Utility | <input type="checkbox"/> S-1 | <input type="checkbox"/> S-2 | <input type="checkbox"/> U | | |

PROPOSED WORK

New Alarm System	θ
Existing System: adding devices?	θ
White Envelope Alarm?	θ
Other _____	θ

TOTAL COST OF IMPROVEMENTS \$ _____
 [FOR ALARMS –PERMIT FEES ARE A FUNCTION OF CONSTRUCTION \$]

CONTRACTOR REGISTRATION INFORMATION

ALARM CONTRACTOR (Check primary contact)
CITY OF AURORA
REGISTRATION # _____ - _____

BUSINESS NAME _____
CONTACT NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
N/A PHONE () _____ - _____
FAX () _____ - _____
E-MAIL _____

ELECTRICAL CONTRACTOR (primary contact)
CITY OF AURORA
ELECT REGISTRATION # _____ - _____

~~BUSINESS NAME _____
CONTACT NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
N/A PHONE () _____ - _____
FAX () _____ - _____
E-MAIL _____~~

PLUMBING CONTRACTOR (primary contact)
CITY OF AURORA
PLUMBING REGISTRATION # _____ - _____

~~BUSINESS NAME _____
CONTACT NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
N/A PHONE () _____ - _____
FAX () _____ - _____
E-MAIL _____~~

CERTIFICATION

This is an application only. Completion of this application does **NOT** entitle the commencement of construction. I, (the applicant) agree to conform to all applicable laws of the City of Aurora. I also agree that all work performed will be in accordance with the plans and specifications as set forth in the approved permit. I understand that the approval of this application and issuance of a permit does not obviate the need to comply with all applicable laws and ordinances. I agree to hold harmless and indemnify the City of Aurora for any claim against the City as the result of any act of commission or omission by or on behalf of the undersigned, his/her agent, principle, contractor, subcontractor or supplier. I the undersigned am the Owner or a duly contracted representative of the owner of said property.

CONTRACTOR _____
(PRINT)

CONTRACTOR _____
(SIGNATURE)

OR

OWNER _____
(PRINT)

OWNER _____
(SIGNATURE)

MECHANICAL CONTRACTOR (primary contact)
CITY OF AURORA
HVAC REGISTRATION # _____ - _____

~~BUSINESS NAME _____
CONTACT NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
N/A PHONE () _____ - _____
FAX () _____ - _____
E-MAIL _____~~

BUILDING INFORMATION

CONSTRUCTION TYPE

	CIRCLE ONE					CIRCLE ONE	
EXISTING	1	2	3	4	5	A	B
NEW	1	2	3	4	5	A	B

ACTUAL BUILDING HEIGHT _____ FT
 ACTUAL NUMBER OF STORIES _____
 SF PRINCIPAL _____ SF

FIRE PREVENTION INFORMATION

Sprinklers WET DRY
 COMPLETE LIMITED OTHER

FIRE PUMP? NO YES
 STANDPIPES? NO YES
 Exhaust HOOD SUPPRESSION? NO YES

SUBMITTAL REQUIREMENTS

3 SETS OF PLANS AND 1 SET OF EQUIPMENT SPECIFICATION SHEETS REQUIRED AT TIME OF SUBMITTAL FOR COMPLETE REVIEW ALONG WITH APPLICATION FEE.

ALONG WITH THE FOLLOWING:

- 1) A scaled floor plan showing location of all alarm initiating and notification appliances.
- 2) Alarm control and trouble signaling equipment.
- 3) Annunciation: provide equipment address log or zone log.
- 4) Power connections. Location of electric panel, breaker number and name of Aurora licensed electrical contractor how is making the high voltage connection.
- 5) Battery calculations. 24 hours of battery backup as provided in 2013 NFPA 72, 10.6.7.2.1
- 6) Conductor type and size.
- 7) Voltages drop calculations.
- 8) Provide manufactures, model numbers and listing information for equipment, devices and materials.
- 9) For smoke detector installation, provide detail of ceiling height and ceiling surface and configuration. (Sloped, flat, suspended) 2013 NFPA 72 17.7.3.1
- 10) Provide smoke detector at the FACP. 2013 NFPA 72 Section 10.4.4
- 11) Visual alarms shall be instilled in all common use areas. Illinois accessibility Code 400.310(s)1
- 12) Provide detail on the interface of fire safety control functions. 2015 IFC Section 907.1.2.3. Provide a sequence of operation. List under what conditions a trouble alarm will be transmitted. Under what conditions will a supervisory alarm be transmitted? Under what conditions will a general alarm be transmitted?
 - a) General note. The activation of a Duct Smoke detector shall shut down the air distribution system. Air distribution systems that are part of a smoke control system shall switch to smoke control mode. 2015 IMC Section 606.4
 - b) The actuation of a duct smoke detector shall activate a visible and audible supervisory signal. 2015 IMC Section 606.4.1
 - c) Tamper switches located on sprinkler valves of 1 1/2 in or larger shall initiate a supervisory alarm. 2013 NFPA 72 Section 23.8.5.6
 - d) Low temperature alarm shall initiate a supervisory alarm. 2013 NFPA 72 Section 23.8.5.6
- 13) The exterior strobe located at the fire department connection shall activate only on water flow and shall not latch to the fire alarm panel. (The strobe is flashing only when water is flowing and shall be red in color)
- 14) Provide scale on plan so a determination can be made on proper placement of visual devices.
- 15) Provide proper devices and spacing in accordance with table 18.5.5.4.1 (a) & (b) of the 2013 NFPA-72. A wall mounted 75-candela strobe provides proper coverage for a space 45 feet in front of the device and 22.5 feet to each side.