Master Box Approval

and the second s	
A copy of the AES training completion	certificate shall be included with this application
Installation Company: Norris Inc.	Emergency Contact: Norris Inc *
Company Phone #: 883-3473 x1104	Emergency Phone #: 883 3473
Building Name: Bay House	Date of Application: 4/9/13
E-911 Address:	Billing Address:
*If E-911 address uncertain contact Michele Sweeney at 874-8682	Contact is for constitute there
Occupancy: Mixed	Billing Address: Contact is for construction period Comments: Only. Once complete there Comments: Only. Once complete there
Applicant completes red box and submits with Fire Alarm Permit	
FIRE PREVENTION: Approved	□ Denied
] , ,	
Date	Fire Prevention Officer
Zone 1: Water flow	Zone 2: City disconnect – Water Flow
Zone 3: Pulls and detectors	
Zone 5: <u>Unassigned</u>	
	Zone 8: AES Tamper switch
Modify City Box response to alarm sounding in C	CAD: D YES V, NO
7	
FIRE ALARM: Box #:	_
ELECTRICAL DIVISION: □ Approved	□ Denied
ELECTRICAL DIVISION. LI Approved	L Defined
Box Type: AES Radio Box / New	Other
Test Date:/ In Service Date:	Fire Alarm Technician
AES	File Alam Technician
Circuit if applicable:	
FIRE ALARM: Same Running Assignment As Box:	
Notifications: ☐ All Stations ☐ Run Books	□ Digitizer □ Computer □ Cad Box Test

Dispatcher

BILLING: □ Entered Financial Officer

Other

☐ South Portland ☐ _