

Master Box Approval

Applicant: Press Hotel LLC
App Phone #: 800-971-2000
Building Name: Press Hotel
Building Address: 119 Exchange Street
Portland, ME 04101

Emergency Contact: Michael Strejcek
Emergency phone #: 617-293-7467
Date of Application: 3-30-15
Billing Address: 119 Exchange Street
Portland, ME 04101

Occupancy: Residential - Hotel, Assembly (>300 to <=1000)
Assembly OL>300, 20 unit apartment building, etc.

Comments: _____

Applicant completes above and submits with Fire Alarm Permit

1

FIRE PREVENTION: Approved Denied

_____/_____/_____
Date

Fire Prevention Officer

Zone 1: _____ Zone 2: City disconnect Zone 3: _____

Zone 4: _____ Zone 5: _____ Zone 6: _____

Zone 7: _____ Zone 8: AES Tamper switch

Modify City Box response to alarm sounding in CAD

2

FIRE ALARM: Box #: _____

3

ELECTRICAL DIVISION: Approved Denied

Box Type: AES Radio Box / Other
New

Test Date: ____/____/____ In Service Date: ____/____/____

Fire Alarm Technician

AES

Circuit if applicable: _____

4

FIRE ALARM: Same Running Assignment As Box: _____

Notifications: All Stations Run Books Digitizer Computer Cad Box Test

South Portland _____
Other Dispatcher

5

BILLING: Entered _____
Financial Officer