

Master Box Approval

A copy of the AES training completion certificate shall be included with this application

Installation Company: Securadyne Systems

Emergency Contact: Lori Moses

Company Phone #: (207) 828-0022

Emergency Phone #: (207) 730-1376

Building Name: Catherine Morrill Day Nurse

Date of Application: 17 Feb 17

E-911 Address: 96 Danforth St.

Billing Address: 96 Danforth St. Portland, ME

*If E-911 address uncertain contact Michele Sweeney at 874-8682

Occupancy: Daycare

Comments: Replacing Box 4617

Applicant completes red box and submits with Fire Alarm Permit

1 FIRE PREVENTION: Approved Denied

____/____/____ Date _____ Fire Prevention Officer

Zone 1: Water flow Zone 2: City disconnect – Water Flow

Zone 3: Pulls and detectors Zone 4: City disconnect – Pulls and Detectors

Zone 5: Unassigned Zone 6: Unassigned

Zone 7: Unassigned Zone 8: AES Tamper switch

Modify City Box response to alarm sounding in CAD: YES NO

2 FIRE ALARM: Box #: _____

ELECTRICAL DIVISION: Approved Denied

Box Type: AES Radio Box / _____
New Other

3 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