

# Master Box Approval

Applicant:

Emergency Contact:

App Phone #:

Emergency phone #:

Building Name:

Date of Application:

Building Address:

Billing Address:

Occupancy:

Comments:

Assembly OL>300, 20 unit apartment building, etc.

## Applicant completes red box and submits with Fire Alarm Permit

1

FIRE PREVENTION:

Approved

Denied

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Fire Prevention Officer

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

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

6

FIRE PREVENTION:

Filed \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date