

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