

Master Box Approval

Applicant: Norris Inc.

Emergency Contact: Peter Chapman

App Phone #: 883-3473 x1104

Emergency phone #: 899-9559

Building Name: Seaside Rehab

Date of Application: 2/22/13

Building Address: 850 Baxter Blvd

Billing Address: 850 Baxter Blvd Portland, ME

Occupancy: Healthcare  
Assembly OL>300, 20 unit apartment building, etc.

Comments: Norris Inc. to install the box

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 #: \_\_\_\_\_

ELECTRICAL DIVISION:  Approved  Denied

Box Type:  AES Radio Box /  New  Other: 211

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