

Master Box Approval

Applicant: Norris Inc.
App Phone #: 207-883-3473 x 1104
Building Name: Seaside Nursing
Building Address: 850 Baxter Blvd
Occupancy: Healthcare / Nursing Home
Assembly OL>300, 20 unit apartment building, etc.

Emergency Contact: Peter Chapman
Emergency phone #: 207-899-9559
Date of Application: 2/22/13
Billing Address: 850 Baxter Blvd
Portland, ME 04103
Comments:

Applicant completes red box and submits with Fire Alarm Permit

1 FIRE PREVENTION: Approved Denied

4 / 29 / 13 _____
Date Fire Prevention Officer *B. J. Wallace*

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 #: Reuse 4468

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