

Master Box Approval

Applicant: Norris Inc.

App Phone #: 883-3473 x1104

Building Name: Nephrology Associates

Building Address: 1600 Congress St.

Portland, ME.

Emergency Contact: Nephrology Associates

Emergency phone #: 774-5222

Date of Application: 2/21/12

Billing Address: 1600 Congress St. #B

Portland, ME. 04102

Occupancy: _____

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

Comments: _____

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

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