Applicant: Norris Inc.

App Phone #: 207-883-1104 x 1104

Building Name: Nephrology Associates z

Building Address: 1600 Congress St

Occupancy: Health Care

Assembly OL>300, 20 unit apartment building, etc. Emergency Contact: Nephrology Assoc.

Emergency phone #: 207-774-5222

Date of Application: 2/21/12

Billing Address: 1600 Congress St, STE B

 Portland, ME 04102

Comments:

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

Fire Prevention: Approved 🞏 Denied

**1**

 3 / 21 / 12 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Fire Prevention Officer

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 #: \_\_\_\_\_\_ (discontinue existing supervised box number)

 1279

Electrical Division: 🞏 Approved 🞏 Denied

Box Type: AES Radio Box / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 New Other

**3**

Test Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ In Service Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Fire Alarm Technician

AES

Circuit if applicable:

Fire Alarm: Same Running Assignment As Box: \_\_\_\_\_

**4**

Notifications: 🞏 All Stations 🞏 Run Books 🞏 Digitizer 🞏 Computer 🞏 Cad Box Test

🞏 South Portland 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other Dispatcher

**5**

Billing: 🞏 Entered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Financial Officer