

Master Box Approval

Applicant: Protection Professionals

Emergency Contact: Mike Lopez

App Phone #: 775-5755

Emergency phone #: 541-6500

Building Name: Barron Center II

Date of Application: 3-15-13

Building Address: 1145 Brighton Avenue

Billing Address: City of Portland

Occupancy: Helath Care
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 #: _____

3

ELECTRICAL DIVISION: Approved Denied

Box Type: AES Radio Box /
New Other

Test Date: ____/____/____ In Service Date: ____/____/____

AES _____ Fire Alarm Technician

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