

Master Box Approval

Applicant: Protection Professionals
App Phone #: 207-775-5755
Building Name: Barron Center II
Building Address: 1145 Brighton Ave
Occupancy: Health care
Assembly OL>300, 20 unit apartment building, etc.

Emergency Contact: Mike Lopez
Emergency phone #: 207-541-6500
Date of Application: 3/15/13
Billing Address: City of Portland Facility
Comments:

Applicant completes red box and submits with Fire Alarm Permit

1

FIRE PREVENTION: Approved

Denied

2 / 26 / 13
Date

B. G. Wallace
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 #: _____

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