

Master Box Approval

**\*A copy of the AES training completion certificate shall be included with this application\***

Installation Company: REGIONAL ELECTRIC Emergency Contact: Aaron SHIELDS  
 Company Phone #: 207-576-2793 Emergency Phone #: 232-0983  
 Building Name: CENTRAL KITCHEN Date of Application: 5/24/13  
 E-911 Address: Billing Address: 389 CONGRESS ST  
\*If E-911 address uncertain contact Michele Sweeney at 874-8682 PORTLAND, ME 04101-3509  
 Occupancy: Comments:

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

**1** FIRE PREVENTION:  Approved  Denied

\_\_\_\_/\_\_\_\_/\_\_\_\_ 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 #: \_\_\_\_\_

ELECTRICAL DIVISION:  Approved  Denied

Box Type:  AES Radio Box /  Other  
New

**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 \_\_\_\_\_

