

Master Box Approval

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

Installation Company:

Emergency Contact:

Company Phone #:

Emergency Phone #:

Building Name:

Date of Application:

E-911 Address:

Billing Address:

*If E-911 address uncertain
contact Michele Sweeney at 874-8682

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 /
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