Building Permit No. _____ **Date Received** _____

FIRE ALARM SYSTEM AFFIDAVIT FOR ALTERATIONS OR TENANT IMPROVEMENTS
(WITHOUT PLAN REVIEW)
(Submittal of form by fax or at over-the-counter times; 8am – 4pm)

Project Name: _____ **Occupancy:** _____

Job Address: _____ **Suite:** _____

Contractor: _____ **Phone:** _____

Type of System: (check one) ☐ **Required** ☐ **Nonrequired**

(check one) ☐ **Automatic** ☐ **Manual** ☐ **Both**

The replacement of a fire alarm panel requires a full review (full set of plans with associated manufacture specification sheets) for compliance with the current standard (ADA) and any compatibility.

Fire Alarm Control Panel: ..... **To be Replaced** **N/A** **(max 1)** / **To be Relocated** _____ **(max 1)**

No. of Proposed Notification Appliance Power Supplies: To be Added _____ (max 1)

No. of Proposed Smoke/Heat Detectors: ..... **To be Added** _____ **(max 5)** / **To be Relocated** _____ **(max 5)**

No. of Proposed Manual Alarm Stations: ..... **To be Added** _____ **(max 5)** / **To be Relocated** _____ **(max 5)**

No. of Proposed Notification Appliances: ..... **To be Added** _____ **(max 5)** / **To be Relocated** _____ **(max 5)**

I, _____, Oregon Construction Contractors Board No. _____ certify the following is true and defines the scope of work for this project:

a) All work complies with the current state-adopted NFPA-72 and the authority having jurisdiction.
b) All notification appliances are located in accordance with the current state-adopted NFPA-72.
c) Smoke/Heat detector spacing complies with current state-adopted NFPA-72 and the authority having jurisdiction.
d) Exposed wiring will not be covered until inspected.
e) Final approval shall be subject to on-site tests and inspections.
f) Voltage drop is adequate to operate all appliances and subject to field verification.
g) Battery supplies are capable of supporting the system modifications.
h) A statement of compliance, with the minimum information as specified in OFC Section 901.2.1, will be given to the building inspector prior to final approval.
i) Compatibility of appliances and devices are in accordance with the FACP manufacturer's specifications.

In addition, I understand the following is required:

- **A sketch attached to this document and the building permit showing the area of work within the building's structure, a copy of this document shall be available for all inspections, and**
- **An electrical permit.**

Signature: _____ Date: _____