TOWNSHIP OF UPPER ST. CLAIR

1820 McLaughlin Run Rd, Upper St. Clair, PA 15241 - Phone (412) 831-9000 X5010

APPLICATION FOR BUILDING PERMIT FOR FIRE PROTECTION SYSTEMS, FIRE PROTECTIVE SIGNALING SYSTEMS & AUTOMATIC FIRE DETECTION SYSTEMS

Application Date: _____ **PERMIT NO. FIR_____**

I (We) hereby make application for a fire prevention permit for installation, enlargement or extension of a fire alarm system(s) and/or automatic fire detection system(s).

Property Address: _____

Owner(s) Name: _____ Phone: _____

Address: _____ Zip: _____

Contractor: _____Phone: _____

Address: _____

_____ Zip: _____

All fire protection systems shall be installed, repaired, operated and maintained in accordance with the IBC International Building Code/2018, the IFC International Fire Code/2018, and NFPA #72/2017.

Description of work to be performed: _____

_____

The shop drawings and specifications (3 sets) shall be submitted with this application and shall include, but limited to, the following (BID DOCUMENTS ARE NOT SHOP DRAWINGS):

1. A floor plan that indicates the use of all rooms
2. Locations of alarm-initiating devices
3. Location of alarm notification appliances, including candela ratings for visible alarm notification appliances.
4. Location of fire alarm control unit, transponders and notification power supplies
5. Annunciators
6. Power connection
7. Battery calculations.
8. Conductor type and sizes
9. Voltage drop calculations
10. Manufacturers' data sheets indicating model numbers and listing information for equipment, devices and materials
11. Details of ceiling height and construction
12. The interface of fire safety control functions
13. Fire alarm system is required to monitored by Upper St. Clair Police Department Communication Center

All plans, computations, and specifications shall be prepared by or under the direct supervision of a registered engineer and bear that engineer's signature and seal in accordance with the Commonwealth of Pennsylvania statutes and regulations governing the professional registration and certification of engineers.

ESTIMATED VALUE OF CONSTRUCTION_____ FEE $ _____

Fee = $35.00 + $4.00 for each $1000.00 of estimated construction value + $4.50 Pennsylvania permit surcharge
[Act 13 of 2004, 703.(A)]

CASH _____ CHECK _____

AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA : SS
COUNTY OF ALLEGHENY :

Before me, the undersigned authority in and for the Commonwealth and County aforesaid, personally appeared _____, who by me first duly sworn according to law, depose(s) and say(s) that he, she or they (is, are) the Owner(s) of the above-described property (or if said Performer is a firm or corporation, that he or she is an officer or representative of such firm or corporation and duly authorized to complete and make this application for a Fire Prevention Permit and this affidavit on behalf of such firm or corporation), that all of the statements contained above are true and correct.

Sworn to and subscribed before me this _____ day of _____ , 20____.

_____ _____

Notary Owner's signature of affidavit

WORKERS COMPENSATION ACT

Applicant for fire prevention permit, in compliance with Act 44 of 1993, hereby submits: **(check one)**

[ ] Certificate of Insurance [ ] attached [ ] on file
Insurance Company Name _____

Certificate No. _____Expiration Date

[ ] Certificate of Self-Insurance [ ] attached [ ] on file

[ ] Affidavit of Exemption (attached)

[ ] The Contractor/Applicant is a sole proprietorship without employees

[ ] The Contractor/Applicant is a corporation and the only employees working on the job have and are qualified as "Executive Employees" under Section 104 of the Workers Compensation Act. Please explain:

Contractor's Federal or State Employer Identification No.(EIN) _____

My signature on behalf of, or as the Contractor for this fire prevention permit, constitutes my verification that the statements contained here are true and that I am subject to the penalty of 18 Pa. C.S.A. §4904 relating to unsworn falsification to authorities.

Contractor's Signature: _____

_____Title _____
(PRINT NAME and TITLE)

Company Name: _____

COMMONWEALTH OF PENNSYLVANIA : SS
COUNTY OF ALLEGHENY :

Sworn and subscribed before me this_____day of _____, 20____.

_____
Notary