



120 West Verbena Avenue  
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www.cityoffoley.org

## FIRE ALARM PLAN REVIEW Requirements and Checklist

Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Project Name: \_\_\_\_\_

Address/Location: \_\_\_\_\_

### Check One:

- First Submittal   
Re-Submittal   
Additional Submittal

### Notes/Requirements

- No permit fee required.
- Use this form when adding new and/or relocating fire alarm related panels and devices.
- A separate address, floor, suite, or system requires a separate submittal and permit. Please do not include more than one job with this form.
- Installation of a fire system related panel will require a cut sheet and battery calculations.
- A full set of plans and equipment submittals are required (exclude equipment list if relocating only).
- Codes and Standards meet the 2015 editions of the IFC, IBC, and IMC, 2014 edition of the NEC, and 2013 edition of NFPA 72.
- Per NFPA 72, strobes in view of one another must synchronize even if on separate systems. You will be responsible to see that your devices synchronize with existing devices; plan accordingly.
- All fire alarm plans and calculations shall be signed and sealed by an Alabama licensed professional engineer.
- Incomplete permit applications will be returned without a review.
- The Contractor is expected to be aware of and conform to all applicable regulations to this project. Any error or omission on the part of the Foley Fire Department should not be misinterpreted as permission to install a system incorrectly.



## CHECKLIST

Please mark an "X" for items that are included with the submittal or "N/A" if not applicable.  
All plans shall be folded to fit an 8 ½"x11" folder. Digital submissions are acceptable.

### **For All Plan Sheets (1 set required):**

- \_\_\_\_\_ Company name, address, city, state, and zip, phone no.
- \_\_\_\_\_ Engineer name, license no. and original signature.
- \_\_\_\_\_ Project name, address, city, state, and zip.
- \_\_\_\_\_ Scale (1/8" = 1' minimum, 1/16" = 1' acceptable for large buildings).
- \_\_\_\_\_ Identification of areas that are "not in contract".
- \_\_\_\_\_ Room identification as to use.
- \_\_\_\_\_ Ceiling construction and height (if devices are ceiling mounted).
- \_\_\_\_\_ Point-to-point wiring from fire related panels to all devices.
- \_\_\_\_\_ Zone or address point identification of initiating devices.
- \_\_\_\_\_ Circuit identification of indicating and releasing devices.
- \_\_\_\_\_ Strobe candela rating.
- \_\_\_\_\_ Speaker voltage and tap information.
- \_\_\_\_\_ "Cloud" or indicate revisions on re-submittal or additional submittal.

### **For One Plan Sheet (1 sheet required):**

- \_\_\_\_\_ Occupancy classification and occupant load.
- \_\_\_\_\_ Indicate new or existing building.
- \_\_\_\_\_ Fully sprinkled or not.
- \_\_\_\_\_ Conduit types and sizes.
- \_\_\_\_\_ Symbol legend – quantities of each device.
- \_\_\_\_\_ Schematic riser diagram.
- \_\_\_\_\_ Input/output matrix or narrative defining the sequence of events.
- \_\_\_\_\_ Description of system monitoring.

### **For Equipment Submittal (1 set required):**

- \_\_\_\_\_ Form indicating name, address, city, state, and zip and project permit no.
- \_\_\_\_\_ Scope of work.
- \_\_\_\_\_ Manufacturer cut sheet for all fire related panels, wire, and all devices.
- \_\_\_\_\_ Battery calculations for all fire system related panels.
- \_\_\_\_\_ Voltage drop calculations for indicating and releasing devices.
- \_\_\_\_\_ Amplifier load calculations.
- \_\_\_\_\_ UL compatibility listing between system components and the FACP.
- \_\_\_\_\_ Provide a digital copy of the approved plan set.

### **To be provided upon the Fire Inspector's arrival for final acceptance test:**

- Fire alarm contractor will provide a ladder for the inspector's use.
- Ceiling tile(s) shall be removed nearest to each fire alarm device for inspection.
- All fire alarm testing will be performed on battery power.
- Provide a copy of your state fire alarm permit for the inspector's file.

I hereby certify that this submittal contains the above information as required by the City of Foley fire codes and standards.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone No.

**If you have any questions or require additional information, please contact:**

**Office: 251-971-6028    Fax: 251-943-7432**

**Email: [fireinspections@cityoffoley.org](mailto:fireinspections@cityoffoley.org)**