



120 West Verbena Avenue
Foley, Alabama 36535
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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 2021 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 1/2"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