Fire Alarm System/Sprinkler System Application

Please submit the following:

- The original and **TWO (2)** copies of the application
  (Application will not be accepted unless signed and notarized)

- **FIVE SETS** of stamped plans including calculations and device specifications

- Workman’s Compensation Insurance

- Certificate of Liability Insured to the Incorporated Village of Patchogue

- Contractors license number & phone number

<table>
<thead>
<tr>
<th><em>Please note the length of time for each permit</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Alarm</td>
</tr>
<tr>
<td>Fire Suppression</td>
</tr>
<tr>
<td>Fire Sprinkler</td>
</tr>
</tbody>
</table>

PRIOR TO THE ISSUANCE OF A CERTIFICATE OF COMPLIANCE IT WILL BE NECESSARY TO FURNISH THIS OFFICE WITH THE FOLLOWING:

- Final construction and / or plumbing inspection by the Building Inspector
- Electrical Underwriter’s Certificate
INCORPORATED VILLAGE OF PATCHOGUE
14 Baker Street, PO Box 719, Patchogue, NY 11772
631-475-4300

APPLICATION FOR FIRE ALARM SYSTEM – SPRINKLER SYSTEM

Owner: ____________________________
Address: __________________________
Telephone: _________________________

Permit No. ______
Permit Issued ______
Permit Expires ______
Permit Fee ______
SECTION _____ BLOCK _____ LOT _____ DATE ______

THIS APPLICATION MUST BE APPROVED AND PERMIT ISSUED BEFORE BEGINNING WORK

The undersigned hereby applies for a permit to do the following work which will be done in accordance with the description, plans, building and zoning specifications submitted, and such special conditions as may be indicated on the permit, and pursuant to the Workmen's Compensation laws of this State of New York and all other State and Federal laws, rules and regulations.

Enclosures required are complete plans, specifications and survey.

PROPERTY ADDRESS: ____________________________ AND ____________________________
LOT SIZE ______ X LOT AREA ______ BUILDING SIZE ______ X ______

PERMIT REQUESTED:
_____ FIRE ALARM SYSTEM
_____ SPRINKLER SYSTEM

TYPE OF IMPROVEMENT:
_____ NEW BUILDING
_____ ADDITION/ALTERATION
_____ REPAIR (REPLACEMENT)
_____ OTHER

PROPOSED OR EXISTING USE - RESIDENTIAL:
_____ ONE FAMILY
_____ TWO FAMILY
_____ APARTMENT BLDG
_____ GARAGE OR ACCESSORY STRUCTURE
_____ TRANSIENT (HOTEL, MOTEL)
_____ OTHER (SPECIFY)

NON RESIDENTIAL:
_____ INDUSTRIAL
_____ OFFICE, BANK, PROFESSIONAL
_____ STORES, MERCANTILE
_____ CHURCH, OTHER RELIGIOUS
_____ HOSPITAL, INSTITUTIONAL
_____ SCHOOL, LIBRARY
_____ AMUSEMENT, RECREATIONAL
_____ PARKING GARAGE
_____ SERVICE STATION, REPAIR
_____ TANKS, TOWERS
_____ PUBLIC UTILITY
_____ OTHER (SPECIFY)

PROPOSED ACTIVITY:
PROJECT COST:
_____ TOTAL
_____ BUILDING
_____ SITE WORK
_____ LAND

RESTRICTIONS: Are there property covenants/conditions which would affect the development of this project? ______ Yes ______ No

CONTRACTOR OR THE PERSON RESPONSIBLE FOR SUPERVISION OF WORK:

__________________________
Name ____________________________
Address __________________________
License No. _________________________
Phone ____________________________

PLEASE READ THE FOLLOWING STATEMENTS AND SIGN:

I, ____________________________, hereby certify that I have received, read and understand all of the enclosed instructions regarding the Permit Application for the Village of Patchogue and have filled this application out to the best of my ability.

I am fully informed that it is a violation of the Ordinances of the Village of Patchogue to occupy the dwelling to be erected on this property until a Certificate of Compliance shall have been issued by the Village Building Inspector/Fire Marshall.

All proposed work to be done on the described premises and all provisions of the Building Code and Zoning Ordinance and all other laws pertaining to the proposed work shall be complied with, whether specified or not, and that such work is authorized by the owner.

__________________________
Sworn before me this ______ day of __________, 20____

(Owner, Owner's Agent, Architect, Contractor)

__________________________
Signature ____________________________

(Notary Public, Suffolk County, New York)
BASIC REQUIREMENTS FOR FIRE ALARM SYSTEMS
(PER NEW YORK STATE FIRE CODE & NFPA 72)

New York State Fire Code:

1. **FC 907.1.1** – Document Required:
   a. Floor plan with the usage of all rooms
   b. Location of alarm initiating & notification devices
   c. Alarm control & trouble signaling equipment
   d. Annunciator
   e. Power connections
   f. Battery and voltage drop calculations
   g. Model number and listing of all equipment
   h. Ceiling heights and construction
   i. Interface of fire safety control functions

2. **FC 907.12** – Duct smoke detectors shall be connected to system free alarm control panel and shall initiate a visible and audible signal.

3. **FC 907.17** – Acceptance Test:
   Upon completion of the installation of the fire alarm system; all circuits, devices, appliances, power supplies will be tested and the results sent to the Village Building Department.

4. **FC 907.10.1** – Visible alarm notification devices (horn strobes) shall be provided in public and common areas.

NFPA #72

4.4.1.3.1 – Two (2) independent and reliable power supply sources shall be provided.

4.4.1.6.1 – The secondary power supply shall automatically engage within 10 seconds of failure of the primary power supply.

4.4.4.5 – All systems shall test free of grounds.
4.4.6.3 – Each floor of building shall be considered a separate zone. Within the same floor, areas subdivided by fire or smoke barriers will also be considered as separate zones.

4.5.3.1 – A complete and unalterable record of tests and operations of each system shall be kept until the next test and for a one (1) year period.

5.5.2.1. – Complete detector coverage shall include all rooms, hallways, storage areas, basements, attics and lofts. Also, areas above suspended ceilings including closets, elevator shafts, dumbwaiter and enclosed stairways must have detector coverage.
5.5.2.1.2 – Inaccessible areas containing combustible materials shall be made accessible and protected by detectors.

5.6.2.1.1 – Heat sensing fire detectors of the fixed temperature type shall be classified as to the temperature of operation and color coded (see table 5.6.2.1.1)

5.7.1.9 – The location of smoke detectors shall be based on an evaluation of potential sources of smoke, dust, fumes, moisture, etc. so as to minimize nuisance alarms.

5.7.3.1.1 – The location and spacing of smoke detectors shall be based upon the anticipated smoke flows due to the plume and ceiling jet produced by the anticipated fire.

5.7.4.2 (1&2) – List the requirements for detectors installed in plenums.

5.10.2 – The initiation of the fire alarm shall occur within 90 seconds of the sprinkler system water flow.

5.12 – Manual activated alarm devices (pulls) must be securely mounted, 3 ½ feet to 4 ½ feet above floor. Placed accessible, conspicuous, and unobstructed. Must be placed within 5 feet of exit doorway at each exit of each floor. Maximum distance of 200 feet to any manual fire alarm.

6.8.2.1 – Fire alarm control units shall be permitted to be either an integrated system (or) a combination of component systems.

6.11.1-4- These are the requirements for a fire alarm system connected to a manual or automatic fire suppression system (i.e. kitchen, commercial fixed extinguishing system) A disconnect switch is required for testing purposes.

6.15.3 & 4 - Elevator – These are the smoke and heat detector requirements including elevator shutdown power.

6.15.7.1 & 2 – Door unlocking device requirements

7.4.2.1 – Audible requirements – A sound level of at least 15 db above the ambient sound level.

7.5.2.1- The flash rate of strobes shall not exceed 2 flashes per second.
7.5.4 – Wall mounted strobes shall be placed between 80” and 96” above floor.

7.5.4.1.1 (a&b) – These two (2) tables contain the requirements of room spacing for wall mounted and ceiling mounted strobes (notification appliances)

8.2.3 – Control station service shall be provided under contract for all subscribers.

8.2.7.1 – Alarm signals initiated by manual or automatic fire detectors will initiate the central station to perform the following activities.
   a. Immediately re-transmit the alarm to the public fire service communications center (ie. fire department)
   b. Dispatch a technician to the protected premises within (2) hours of receipt of signal.
   c. Immediately notify the subscriber.
## Contractor’s Material and Test Certificate for Underground Piping

### Procedure
Upon completion of work, inspection and tests shall be made by the contractor’s representative and witnessed by an owner’s representative. All defects shall be corrected and system left in service before contractor’s personnel finally leave the job.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners, and contractor. It is understood the owner’s representative’s signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority’s requirements or local ordinances.

### Property Information
- **Property name**
- **Date**

### Plans
- Accepted by approving authorities (names)
- Address
- Installation conforms to accepted plans
- Equipment used is approved
  - [ ] Yes
  - [ ] No
- If, no, state deviations

### Instructions
- Has person in charge of fire equipment been instructed as to location of control valves and care and maintenance of this new equipment?
  - [ ] Yes
  - [ ] No
- If no, explain
- Have copies of appropriate instructions and care and maintenance charts been left on premises?
  - [ ] Yes
  - [ ] No
- If no, explain

### Location
- **Supplies buildings**
- **Underground pipes and joints**

#### Pipe types and class
- Pipe conforms to [ ] standard
- Fittings conform to [ ] standard
  - [ ] Yes
  - [ ] No
- If no, explain

#### Joints needed anchorage clamped, strapped, or blocked in accordance with [ ] standard
  - [ ] Yes
  - [ ] No
- If no, explain

### Test Description
- **Flushing:** Flow the required rate until water is clear as indicated by no collection of foreign material in burpup bags at outlets such as hydrants and blow-offs. Flush at flow not less than 250 gpm (930 L/min) for 4-in. pipe, 880 gpm (3331 L/min) for 6-in. pipe, 1600 gpm (5905 L/min) for 8-in. pipe, 2440 gpm (9235 L/min) for 10-in. pipe, and 3620 gpm (13,320 L/min) for 12-in. pipe. When supply cannot produce stipulated flow rates, obtain maximum available.
- **Hydrostatic:** Hydrostatic tests shall be made at not less than 200 psi (13.8 bar) for 2 hours or 50 psi (3.4 bar) above static pressure in excess of 150 psi (10.3 bar) for 2 hours.
- **Leakage:** New pipe laid with rubber gasketed joints shall, if the workmanship is satisfactory, have little or no leakage at the joints. The amount of leakage at the joints shall not exceed 2 quarts per hour (1.89 L/hr) per 100 joints irrespective of pipe diameter. The leakage shall be distributed over all joints. If such leakage occurs at a few joints, the installation shall be considered unsatisfactory and necessary repairs made. The amount of allowable leakage specified above can be increased by 1 fluid ounce per inch valve diameter per hr. (30 mL/25 mm/hr) for each metal seated valve isolating the test section. If dry barrel hydrants are tested with the main valve open so the hydrants are under pressure, an additional 5 ounces per minute (150 mL/min) leakage is permitted for each hydrant.

#### Now underground piping flushed according to [ ] standard by (company)
  - [ ] Yes
  - [ ] No
- If no, explain

#### Flushing tests
- **How flushing flow was obtained**
  - [ ] Public water
  - [ ] Tank or reservoir
  - [ ] Fire pump
  - [ ] Hydrant butt
  - [ ] Open pipe
- **Through what type opening**
  - [ ] Y connection to flange
  - [ ] Open pipe and spigot
- **Lead-ins flushed according to [ ] standard by (company)**
  - [ ] Yes
  - [ ] No
- If no, explain

#### How flushing flow was obtained
- [ ] Public water
- [ ] Tank or reservoir
- [ ] Fire pump
- [ ] Y connection to flange
- [ ] Open pipe
<table>
<thead>
<tr>
<th>Hydrostatic test</th>
<th>All new underground piping hydrostatically tested at</th>
<th>Joints covered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>__________ psi for __________ hours</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Leakage test</td>
<td>Total amount of leakage measured</td>
<td></td>
</tr>
<tr>
<td></td>
<td>__________ gallons __________ hours</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Allowable leakage</td>
<td></td>
</tr>
<tr>
<td></td>
<td>__________ gallons __________ hours</td>
<td></td>
</tr>
<tr>
<td>Hydrants</td>
<td>Number installed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Type and makes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All operate satisfactorily</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Control valves</td>
<td>Water control valves left wide open</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If no, state reason</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td></td>
<td>Hose threads of fire department connections and hydrants interchangeable with those of fire department answering alarm</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Remarks</td>
<td>Date left in service</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signatures</td>
<td>Name of installing contractor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tests witnessed by</td>
<td></td>
</tr>
<tr>
<td></td>
<td>For property owner (signed)</td>
<td>Title</td>
</tr>
<tr>
<td></td>
<td>For installing contractor (signed)</td>
<td>Title</td>
</tr>
<tr>
<td>Additional explanation and notes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Deluge and preaction valves

**Operation**
- [ ] Pneumatic
- [ ] Electric
- [ ] Hydraulics

**Piping supervised**
- [ ] Yes
- [ ] No

**Detecting media supervised**
- [ ] Yes
- [ ] No

**Does valve operate from the manual trip, remote, or both control stations?**
- [ ] Yes
- [ ] No

**Is there an accessible facility in each circuit for testing?**
- [ ] Yes
- [ ] No

**Make and Model**

<table>
<thead>
<tr>
<th>Does each circuit operate supervision loss alarm?</th>
<th>Does each circuit operate valve release?</th>
<th>Maximum time to operate release</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td>[ ] Minutes</td>
</tr>
</tbody>
</table>

**Location and floor**

<table>
<thead>
<tr>
<th>Static pressure</th>
<th>Residual pressure (flowing)</th>
<th>Flow rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inlet (psi)</td>
<td>Outlet (psi)</td>
<td>Inlet (psi)</td>
</tr>
</tbody>
</table>

### Pressure reducing valve test

**Test description**

**Hydrostatic:** Hydrostatic tests shall be made at not less than 200 psi (13.6 bar) for 2 hours or 50 psi (3.4 bar) above static pressure in excess of 150 psi (10.2 bar) for 2 hours. Differential dry-pipe valve clappers shall be left open during the test to prevent damage. All aboveground piping leakage shall be stopped.

**Pneumatic:** Establish 40 psi (2.7 bar) air pressure and measure drop, which shall not exceed 1½ psi (0.1 bar) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop, which shall not exceed 1½ psi (0.1 bar) in 24 hours.

- [ ] All piping hydrostatically tested at ___ psi (___ bar) for ___ hours
- [ ] Dry piping pneumatically tested
- [ ] Equipment operates properly

**Do you certify as the sprinkler contractor that additives and corrosive chemicals, sodium silicate or derivatives of sodium silicate, brine, or other corrosive chemicals were not used for testing systems or stopping leaks?**
- [ ] Yes
- [ ] No

**Tests**

- [ ] Drain test
- [ ] Reading of gauge located near water supply test connection: ___ psi (___ bar)
- [ ] Residual pressure with valve in test connection open wide: ___ psi (___ bar)

**Underground mains and lead-in connections to system risers flushed before connection made to sprinkler piping**

**Certificated Underground Piping**
- [ ] Yes
- [ ] No

**Flushed by installer of underground sprinkler piping**
- [ ] Yes
- [ ] No

**If powder-driven fasteners are used in concrete, has representative sample testing been satisfactorily completed?**
- [ ] Yes
- [ ] No

### Blank testing gaskets

- [ ] Number used
- [ ] Locations
- [ ] Number removed

### Welding piping

- [ ] Yes
- [ ] No

**Do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS B2.1?**
- [ ] Yes
- [ ] No

**Do you certify that the welding was performed by welders qualified in compliance with the requirements of at least AWS B2.1?**
- [ ] Yes
- [ ] No

**Do you certify that the welding was carried out in compliance with a documented quality control procedure to ensure that all discs are retrieved, that openings in piping are smooth, that slag and other welding residue are removed, and that the internal diameters of piping are not penetrated?**
- [ ] Yes
- [ ] No

### Cutouts (discs)

**Do you certify that you have a control feature to ensure that all cutouts (discs) are retrieved?**
- [ ] Yes
- [ ] No
<table>
<thead>
<tr>
<th>Hydraulic data nameplate</th>
<th>Nameplate provided</th>
<th>If no, explain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Yes □ No</td>
<td></td>
</tr>
</tbody>
</table>

| Remarks                  | Date left in service with all control valves open |

<table>
<thead>
<tr>
<th>Signatures</th>
<th>Tests witnessed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of sprinkler contractor</td>
<td>For property owner (signed) Title Date</td>
</tr>
<tr>
<td></td>
<td>For sprinkler contractor (signed) Title Date</td>
</tr>
</tbody>
</table>

Additional explanations and notes