



*MAYOR*  
PAUL V. PONTIERI, JR.  
*DEPUTY MAYOR*  
JOHN A. KRIEGER  
*VILLAGE CLERK*  
PATRICIA M. SEAL

*INCORPORATED*  
**VILLAGE OF PATCHOGUE**

*TRUSTEES*  
SUSAN BRINKMAN  
LORI B. DEVLIN  
SALVATORE P. FELICE  
THOMAS E. FERB  
JOSEPH E. KEYES, JR.

**FIRE ALARM SYSTEM/SPRINKLER SYSTEM APPLICATION**

Submit the original and two (2) copies of the following:

Application (application will not be accepted unless signed & notarized)

THREE SETS of stamped plans including calculations and device specifications

Workman's Compensation Insurance

Certificate of Liability Insured to the Incorporated Village of Patchogue

Contractor's license number & phone number

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:** \_\_\_\_\_ **LOCATED BETWEEN** \_\_\_\_\_ **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.      \_\_\_\_ TRANSIENT (HOTEL, MOTEL)  
\_\_\_\_ GARAGE OR ACCESSORY STRUCTURE      \_\_\_\_ OTHER (SPECIFY)

<b><u>OFFICE USE ONLY</u></b>
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**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\_\_\_\_ Signature \_\_\_\_\_  
(Owner, Owner's Agent, Architect, Contractor)

\_\_\_\_\_  
(Notary Public, Suffolk County, New York)



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**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. Annunciation
- 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 fire 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 (ie. 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 name	Date
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Property address

Plans	Accepted by approving authorities (names)	
	Address	
	Installation conforms to accepted plans	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Equipment used is approved If no, state deviations	<input type="checkbox"/> Yes <input type="checkbox"/> No

Instructions	Has person in charge of fire equipment been instructed as to location of control valves and care and maintenance of this new equipment? If no, explain	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have copies of appropriate instructions and care and maintenance charts been left on premises? If no, explain	<input type="checkbox"/> Yes <input type="checkbox"/> No

Location: Supplies buildings

Underground pipes and joints	Pipe types and class	Type joint
	Pipe conforms to _____ standard	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Fittings conform to _____ standard If no, explain	<input type="checkbox"/> Yes <input type="checkbox"/> No
Joints needed anchorage clamped, strapped, or blocked in accordance with _____ standard If no, explain		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Test description**

Flushing: Flow the required rate until water is clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs. Flush at flows not less than 390 gpm (1476 L/min) for 4-in. pipe, 880 gpm (3331 L/min) for 6-in. pipe, 1560 gpm (5905 L/min) for 8-in. pipe, 2440 gpm (9235 L/min) for 10-in. pipe, and 3520 gpm (13,323 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.

Flushing tests	New underground piping flushed according to _____ standard by (company)		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, explain		
	How flushing flow was obtained <input type="checkbox"/> Public water <input type="checkbox"/> Tank or reservoir <input type="checkbox"/> Fire pump	Through what type opening <input type="checkbox"/> Hydrant butt <input type="checkbox"/> Open pipe	
	Lead-ins flushed according to _____ standard by (company)		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain			
How flushing flow was obtained <input type="checkbox"/> Public water <input type="checkbox"/> Tank or reservoir <input type="checkbox"/> Fire pump		Through what type opening <input type="checkbox"/> Y connection to flange <input type="checkbox"/> Open pipe and spigot	

# Contractor's Material and Test Certificate for Aboveground 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 name	Date
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Property address

Plans	Accepted by approving authorities (names)		
	Address		
	Installation conforms to accepted plans	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Equipment used is approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If no, explain 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? If no, explain			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Have copies of the following been left on the premises?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	1. System components instructions			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2. Care and maintenance instructions			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	3. NFPA 25			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Location of system: Supplies buildings

Sprinklers	Make	Model	Year of manufacture	Orifice size	Quantity	Temperature rating

Pipe and fittings  
 Type of pipe \_\_\_\_\_  
 Type of fittings \_\_\_\_\_

Alarm valve or flow indicator	Alarm device			Maximum time to operate through test connection	
	Type	Make	Model	Minutes	Seconds

Dry pipe operating test	Dry valve				Q. O. D.				
	Make	Model	Serial no.	Make	Model	Serial no.			
	Time to trip through test connection <sup>1,2</sup>		Water pressure	Air pressure	Trip point air pressure	Time water reached test outlet <sup>1,2</sup>		Alarm operated properly	
	Minutes	Seconds	psi	psi	psi	Minutes	Seconds	Yes	No
	Without Q.O.D.								
	With Q.O.D.								
If no, explain									

Deluge and preaction valves	Operation <input type="checkbox"/> Pneumatic <input type="checkbox"/> Electric <input type="checkbox"/> Hydraulics							
	Piping supervised <input type="checkbox"/> Yes <input type="checkbox"/> No				Detecting media supervised <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Does valve operate from the manual trip, remote, or both control stations? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	Is there an accessible facility in each circuit for testing? <input type="checkbox"/> Yes <input type="checkbox"/> No						If no, explain	
	Make	Model	Does each circuit operate supervision loss alarm?		Does each circuit operate valve release?		Maximum time to operate release	
		Yes	No	Yes	No	Minutes	Seconds	
Pressure reducing valve test	Location and floor	Make and model	Setting	Static pressure		Residual pressure (flowing)		Flow rate
				Inlet (psi)	Outlet (psi)	Inlet (psi)	Outlet (psi)	Flow (gpm)
Test description	<p><b>Hydrostatic:</b> 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.</p> <p><b>Pneumatic:</b> 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.</p>							
Tests	All piping hydrostatically tested at _____ psi (____ bar) for _____ hours						If no, state reason	
	Dry piping pneumatically tested <input type="checkbox"/> Yes <input type="checkbox"/> No							
	Equipment operates properly <input type="checkbox"/> Yes <input type="checkbox"/> No							
	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? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	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								
Verified by copy of the Contractor's Material and Test Certificate for Underground Piping. <input type="checkbox"/> Yes <input type="checkbox"/> No						Other    Explain		
Flushed by installer of underground sprinkler piping <input type="checkbox"/> Yes <input type="checkbox"/> No								
If powder-driven fasteners are used in concrete, has representative sample testing been satisfactorily completed? <input type="checkbox"/> Yes <input type="checkbox"/> No						If no, explain		
Blank testing gaskets	Number used		Locations				Number removed	
Welding	Welding piping <input type="checkbox"/> Yes <input type="checkbox"/> No							
	If yes...							
	Do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS B2.1? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	Do you certify that the welding was performed by welders qualified in compliance with the requirements of at least AWS B2.1? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Cutouts (discs)	Do you certify that you have a control feature to ensure that all cutouts (discs) are retrieved? <input type="checkbox"/> Yes <input type="checkbox"/> No							