



**Claremont Fire Department  
Fire Chief Peter S. Chase**

100 Broad Street  
Claremont, New Hampshire 03743  
Ph: (603) 542-5156  
Fax: (603) 542-7028  
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## **Fire Alarm Application and Instructions Appendix A**

**Application must be completed in its entirety and signed by BOTH the installer and the property owner (or owner’s agent).**

These are areas which require special attention:

- **Objective:**  
What is the scope of work being completed by you, the installer. I.e. New system, upgrade to existing system, tenant fit-up, replacing existing devices/ FACP.
- **Connection:**  
What type of connection?  
Claremont Fire Department Direct  
Central Office Connection: Central Alarm, Honeywell, or other  
Local System
- **Type of Box:**  
Is this a new box or existing box? If existing, please provide the box number.

\*\*\*\*\*  
 All new fire alarm boxes are required to have a Knox Box (Rapid Entry System).  
 Businesses are NOT allowed to order residential box #1650 or 1651. All Knox box  
 orders MUST include a side-hinged door. Item #1001—alert decals and item #1006—  
 key tags.  
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**The Fire Alarm Application must be submitted with *two* sets of plans (highlight ALL fire alarm components on plans and drawings).**



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**Application for Installation of Fire Alarm  
Appendix A**

Property Name \_\_\_\_\_  
Property Address \_\_\_\_\_  
Owner's Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**CFD Use ONLY**  
File # \_\_\_\_\_  
Box # Assigned \_\_\_\_\_

Installer's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**CALL FOR ON SITE  
LOCATION APPROVAL OF  
MASTER BOX AND  
ANNUNCIATOR**

Electrical Permit No. \_\_\_\_\_  
Model No. \_\_\_\_\_  
Number of Stories(including basement) \_\_\_\_\_  
Type of Occupancy \_\_\_\_\_

Panel Mfg. \_\_\_\_\_  
Model No. \_\_\_\_\_  
Total Floor Area \_\_\_\_\_ Sq. ft.

| Device                | Amount | Device          | Amount |
|-----------------------|--------|-----------------|--------|
| Water Flow Switches   | _____  | Heat Detectors  | _____  |
| Low Pressure Switches | _____  | Smoke Detectors | _____  |
| Tamper Switches       | _____  | Duct Detectors  | _____  |
| Pull Stations         | _____  | Horn/Strobes    | _____  |
| Speaker/Strobes       | _____  | Horn Only       | _____  |
| Speaker Only          | _____  | Strobe Only     | _____  |
| Mag Door Holders      | _____  |                 |        |

Objective: \_\_\_\_\_

**Highlight ALL Fire Alarm components on Plans and Drawings**

Fire Dept. Direct Connection:        New            Existing Box # \_\_\_\_\_  
Central Office Connection (Please Indicate Company) \_\_\_\_\_

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**The following is to be provided with this application:**

- |                             |                                 |
|-----------------------------|---------------------------------|
| _____ \$50 per submittal    | _____ Annunciator Drawings      |
| _____ Plot Plans            | _____ Battery Load Calculations |
| _____ Floor Plans           | _____ One-Line Riser Diagram    |
| _____ Knox Box verification |                                 |
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Equipment must be installed in accordance with the Claremont Fire Department Rules and Regulations governing fire alarm systems and manufacturer's installation instructions. Application is hereby made for approval for installation or modification of a fire alarm system and/or monitoring connection.

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**Owner Section**

Business Name \_\_\_\_\_  
Owner's Name (print) \_\_\_\_\_  
Owner's Signature \_\_\_\_\_  
Date \_\_\_\_\_

**Installer Section**

Installer's Business Name \_\_\_\_\_  
Installer's Name (print) \_\_\_\_\_  
Owner's Signature \_\_\_\_\_  
Date \_\_\_\_\_

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