



Claremont Fire Department
Fire Prevention Office
Captain Bryan Burr
100 Broad Street
Claremont, New Hampshire 03743
Ph: (603) 542-7012
Fax: (603) 542-7028
Email: cfrcode@claremontnh.com

Appendix A Fire Alarm Application and Instructions

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 via Wired Box or Radio Box
Central Office Connection: Central Alarm, Honeywell or Other Local System
- **Type of Box:**
Is this a Wired Box or Radio Box?
Is this a new 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.

The Fire Alarm Application must be submitted with TWO (2) sets of plans (highlight ALL fire alarm components on plans and drawings).



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Appendix A Fire Alarm/Radio Box Application

CFD USE ONLY
Radio Acct #
Date Acct # Issued
Proof of Easton payment

Business Name:

Street Address:

Mailing Address:

Phone: Business Email:

Owner's Name:

Owner's Mailing Address:

Owner's Cell Phone: Owner's Home Phone:

Owner's Email:

Business Hours Contact: Title:

Contact's Cell: Contact's Email:

After Hours Emergency Contact #1

Name: Email:

Cell: Home Phone:

After Hours Emergency Contact #2

Name: Email:

Cell: Home Phone:

After Hours Emergency Contact #3

Name: Email:

Cell: Home Phone:

Should you have a change in staff causing this information to become invalid, please contact the Claremont Fire Department at cfdcode@claremontnh.com with subject line "Fire Alarm Contact Update."

Electrical Permit No. _____ Panel Mfg. _____
 Model No. _____ Number of Stories (incl. basement) _____
 Total Floor Area (Sq. ft.) _____ Type of Occupancy _____

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): _____

The following is to be provided with this application:

Radio Box NETCON Reception Shall be No Higher Than 5 _____
 \$50.00 Per Submittal _____ Annunciator Drawings _____ Knox Box Verification _____
 Plot Plans _____ Battery Load Calculations _____ Floor Plans _____
 One-Line Riser Diagram _____ **If Radio Box, Proof of Easton Electronics Software Fee Payment** _____

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.

Installer Section

Installer's Name: _____
 Installer's Cell Phone: _____
 Business Name: _____

Business Street Address: _____

Business City/State/Zip: _____

Business Phone: _____ Fax: _____

Business E-mail: _____

Installer's Signature: _____