



Claremont Fire Department  
Fire Prevention Office  
100 Broad Street  
Claremont, New Hampshire 03743  
Ph: (603) 542-7012  
Fax: (603) 542-7028  
Email: [cfrcode@claremonthnh.com](mailto:cfrcode@claremonthnh.com)

## Appendix A Fire Alarm Application and Instructions

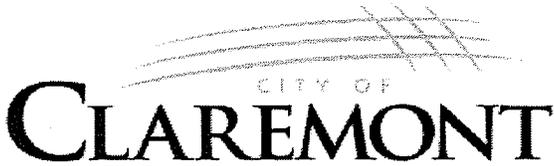
*Application must be completed in its entirety and signed by BOTH the installer and the property owner (or owner's agent).*

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.  
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**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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**CFD USE ONLY**  
Radio Acct # \_\_\_\_\_  
Date Acct # Issued \_\_\_\_\_  
Proof of Easton payment \_\_\_\_\_

**Appendix A Fire Alarm/Radio Box Application**

**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 [cfrcode@claremontnh.com](mailto:cfrcode@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 \_\_\_\_\_

\$75.00 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: \_\_\_\_\_