

**Information Form
Fire Alarm
System**

**Inspections Services
Regulatory Services**
505 4th Avenue South, Room 510A
Minneapolis, MN 55415
Office 612-673-3000 or 311
TTY 612-673-2157
www.minneapolismn.gov/fire-permits

Office Use Only

Permit # _____

Amount \$ _____

Inspector Initials _____ Date _____



FIRE ALARM SYSTEM PROJECT INFORMATION FORM

BUILDING INFORMATION	
BUILDING ADDRESS (INCLUDE ADDRESS #, STREET NAME, & DIRECTIONAL)	
BUILDING or PROJECT NAME	
APPROXIMATE FIRE ALARM WORK START DATE	VALUE OF ALARM CONTRACT
ALARM CONTRACTOR	LICENSE NO.
ALARM PROJECT MANAGER	PHONE
EMAIL ADDRESS	
ALARM PROJECT DESIGNER	PHONE
EMAIL ADDRESS	
BUILDING DESCRIPTION	
APPROXIMATE FOOTPRINT SIZE	NUMBER OF STORIES
TYPE OF CONSTRUCTION PER MSBC	ROOF SLOPE AND CEILING CONSTRUCTION
USE or OCCUPANCY OF THE BUILDING	

STANDARDS USED IN DESIGN
check all that apply to this project
<input type="checkbox"/> NFPA 72 – if so, indicate which edition of NFPA standard used: _____
<input type="checkbox"/> Other NFPA standards – if so, list: _____
<input type="checkbox"/> Other codes or standards – if so, list and explain: _____

CHECKLIST	
verify that your fire alarm system project submission contains the following	
INFORMATION REQUIRED ON SHOP DRAWINGS	INFORMATION REQUIRED ON CONTROL PANEL DIAGRAMS
<ul style="list-style-type: none"> <input type="checkbox"/> Name of owner and occupant <input type="checkbox"/> Location – To include the street address and/or tenant <input type="checkbox"/> Device Legend <input type="checkbox"/> Date <input type="checkbox"/> Reviewing Agency <input type="checkbox"/> Applicable Codes and Standards identifying edition and year <input type="checkbox"/> Other Criteria Used in Design <input type="checkbox"/> Type of Construction and Occupancy Classifications <input type="checkbox"/> Type of Alarm System to be Used <input type="checkbox"/> Identify the Existing Alarm System and Components <input type="checkbox"/> Identify the Areas of Coverage and/or Protection <input type="checkbox"/> Identify Fire Safety Functions <input type="checkbox"/> Identify Zones for Detection and Evacuation Signals <input type="checkbox"/> Identify Annunciator Zones <input type="checkbox"/> Fire Department Response Points <input type="checkbox"/> Sequence of Operations Identifying Devices and Response (Inputs & Outputs) <input type="checkbox"/> Secondary Power Calculations <input type="checkbox"/> Voltage Drop Calculations 	<ul style="list-style-type: none"> <input type="checkbox"/> Identification of Specific Control Equipment <input type="checkbox"/> Control Panel Location <input type="checkbox"/> Battery Charger Locations <input type="checkbox"/> Annunciator Locations <input type="checkbox"/> Primary Power Supply Locations <input type="checkbox"/> Secondary Power Supply Locations <input type="checkbox"/> Indicators and Manual Controls <input type="checkbox"/> Full Text of Labels <input type="checkbox"/> Field Wiring Terminals and Terminal Identifications <input type="checkbox"/> Identification of Circuits Connected to Field Wiring Terminals <input type="checkbox"/> Circuit Identification <input type="checkbox"/> Releasing Equipment and Connections <input type="checkbox"/> Field Connections to Supervising Station Signaling Equipment <input type="checkbox"/> Fire Safety Control Interfaces <input type="checkbox"/> Identification of LEDs <input type="checkbox"/> Identification of Remote Stations, End of Line, and Power Supervisory Devices
INFORMATION REQUIRED ON FLOOR PLANS	ADDITIONAL INFORMATION REQUIRED TO COMPLETE REVIEW
<ul style="list-style-type: none"> <input type="checkbox"/> Floor Identification – Configurations to be 1/8” Minimum Scale <input type="checkbox"/> Point of Compass <input type="checkbox"/> Graphic Indication of Scale <input type="checkbox"/> Room Identification (Name of Owner/Tenant) <input type="checkbox"/> Arrangement Showing Walls & Partitions Within 18” of Ceilings <input type="checkbox"/> Doorways and Other Openings <input type="checkbox"/> Riser Locations <input type="checkbox"/> Device Locations <input type="checkbox"/> Primary Power Connection Locations <input type="checkbox"/> Monitor Interface Locations 	<ul style="list-style-type: none"> <input type="checkbox"/> Information to be included in the Owner’s Manual <input type="checkbox"/> Description of Maintenance Requirements (Figure 14.6.2.4) <input type="checkbox"/> Identification of Designer, Company, and Contact Information <input type="checkbox"/> Identification of Company Installer and Contact Information <input type="checkbox"/> Certifications of Designer(s) <input type="checkbox"/> Certification of Installer(s) <input type="checkbox"/> Fire Alarm & Emergency Communication System Record of Completion (Figure 10.18.2.1.1) <input type="checkbox"/> Permanent Records of Acceptance Tests Approved by the AHJ Shall be Provided to the Building Owner <input type="checkbox"/> A set of reproducible as-built installation drawings, Operation and Maintenance Manual(s), and a written Sequence of Operation shall be provided to the building owner or the owner’s designated representative (14.6)
INFORMATION REQUIRED ON RISER DIAGRAMS	
<ul style="list-style-type: none"> <input type="checkbox"/> Cross-Section of Building Showing General Configuration of System(s) <input type="checkbox"/> Number and Location of Risers <input type="checkbox"/> Circuit Number and Types <input type="checkbox"/> Alarm Component Number and Type on Each Circuit <input type="checkbox"/> Alarm Component Number and Type on Each Floor 	

For reasonable accommodations or alternative formats please contact 311 at 612-673-3000. People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000. TTY users call 612-263-6850. Para asistencia, llame al 311. Rau kev pab 311. Hadii aad Caawimaad u baahantahay 311.