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CHIEF



B/C THOMAS MARCELLO
FIRE ALARM SUPERITENDENT

JOHNSTON FIRE DEPARTMENT
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FIRE ALARM PLAN REVIEW APPLICATION

Date: _____

Contact Person for questions regarding plans:

Name _____ Phone _____

Email: _____

Name of Facility

Address

City _____ State _____ Zip _____

Telephone _____ Email _____

Building Owner

Address

City _____ State _____ Zip _____

Telephone _____ Email _____

Engineer/ System Designer _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Installing Company _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

License #: _____

TYPE OF OCCUPANCY:

- | | | |
|---|--|--|
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Detention/ Correctional | <input type="checkbox"/> Mercantile |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Lodging/Rooming Houses | <input type="checkbox"/> Business |
| <input type="checkbox"/> Day Care | <input type="checkbox"/> Hotels/Motels/Dormitories | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Apartment Buildings | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Ambulatory Health Care | <input type="checkbox"/> Residential Board & Care | <input type="checkbox"/> Special Structures
(Specify) |
| <input type="checkbox"/> Other (Specify) _____ | | |

TYPE OF WORK PROPOSED:

- | | | |
|--|--|--|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Sq. Ft. per Floor | <input type="checkbox"/> Total Sq Foot |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Sq. Ft. per Floor | <input type="checkbox"/> Total Sq Foot |
| <input type="checkbox"/> Renovation | <input type="checkbox"/> Sq. Ft. per Floor | <input type="checkbox"/> Total Sq Foot |
| <input type="checkbox"/> Other (Specify) _____ | | |

Description of Work to be Performed _____

Number of Stories: _____

Construction Classification: _____

Sprinkler System : YES NO Type of System: _____

Type of Heating and/or air conditioning: _____

Total Cost of Fire Alarm System \$ _____ .00 Fee \$ _____ .00

I hereby certify that I have the authority to make the foregoing application, that the application is correct and that the owner of this building and the undersigned agree to comply with the applicable codes and ordinances of this jurisdiction.

Signature:
