FI R E Al M A R M S S Y S T E M S

A P P L I C A T I O N

- Permits are required if you are repairing or replacing a portion of a fire protection system. (Maintenance does not require a permit.)
- Contractors must be licensed by the State of Michigan and registered with the City of Dearborn.
- Permit applications and required documents are reviewed by the Fire Marshal Office.
- To avoid delays in processing and to avoid revision fees, make sure your application is filled out completely and submitted with all required documents.

R E Q U I R E D D O C U M E N T A T I O N

The following documentation will be required from each contractor:

- Three (3) sets of scaled drawings, signed and sealed by a registered design professional (NICET III or PE)
- One (1) copy of product specifications or cut sheets
- One (1) copy of battery calculations
- Scope of work must be provided on drawings. All rooms must be labeled or visual device is required.
- One (1) set of digital plans. Cut sheets and battery calculations may also be submitted digitally.
  Digital plans may be submitted on disk or USB, or emailed to firemars@ci.dearborn.mi.us
  A processing fee will be applied for failure to submit digital plans.

F E E S

- Administrative Processing Fee: $ 40.00 (non-refundable, due upon submittal)
- Processing Fee to Convert to Digital:
  First 10 Pages $ 25.00
  Each Additional Page $ 2.00
- Plan Review Fee: $ 180.00 (due upon submittal)
- Minimum Permit Fee: $ 100.00 (due upon permit issuance)
- Electrical Inspection Fee: $ 50.00 (due upon permit issuance)
- Revision Fee: $ 25.00
- Reinspection Fee: $ 50.00

Payment is preferred by check, payable to “City of Dearborn.” Payment may also be made by credit card or cash.

P L A N R E V I E W a n d P R O C E S S I N G

- Please allow ten (10) business days for processing.
- If there are deficiencies or insufficient information on the required documentation, the contractor will be contacted and asked to provide missing or additional information. Revision fees may apply.
- The contractor will be contacted when plans are approved and a permit is ready to be issued. Permits are issued at the Dearborn Administrative Center, located at 16901 Michigan Avenue.

I N S P E C T I O N S

Inspections are required and scheduled by calling the Fire Marshal Office at (313) 943-2838.

- At time of inspection ensure all ceiling, flooring, doors, windows, etc. are in place.
- dB readings will take place in all rooms.
- Silencing of the system must stop strobes and horns (not just horns).
- Duct detectors shall initiate a supervisory signal.
- All smoke and duct detectors must be tested with can smoke.

P E R M I T E X P I R A T I O N

A permit remains valid as long as work is progressing and inspections are requested and performed. A permit will expire if the authorized work is not commenced within six months of permit issuance or if the authorized work/project is suspended or abandoned for period of six months after commencing work. Expired permits may be extended for a fee of ½ the original permit fee.

P-002-14-R0
CITY OF DEARBORN
PERMIT & PLAN REVIEW OFFICE
FIRE PROTECTION SYSTEM PERMIT APPLICATION
FIRE ALARM SYSTEMS

I. LOCATION / BUSINESS / PROJECT INFORMATION

Site Address: _________________________________________________________

Business Name: _______________________________________________________

Building Name & Number: ______________________________________________________ Suite #: ____________________________

Scope of Work: ____________________________________________________________________________________________________

Project Manager: ___________________________________________________________________________________________________

Contact Phone #: ______________________________________       Email: ___________________________________________________

II. FEES

<table>
<thead>
<tr>
<th>PANELS</th>
<th>FEE</th>
<th>#</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Alarm Panel</td>
<td>50.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alterations or Additions to Existing System</td>
<td>120.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LINE TYPE HEAT DETECTION CABLE</th>
<th>FEE</th>
<th>#</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Foot</td>
<td>18.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Each Additional Foot</td>
<td>1.50</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ALARM DEVICES</th>
<th>FEE</th>
<th>#</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each</td>
<td>12.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Indicate the number of Alarm Devices to be installed. It is not necessary to specify the type of device.

(Fire Alarm, Fire Alarm Signal, Heat Detector, Smoke Detector, Duct Smoke Detector, Sprinkler System Flow Switch, Sprinkler Valve Tamper Switch, Fire Door Holder, Exit Way Door Electrical Unlocking System, Fans Controlled by Fire Alarm System Emergency Stop Button)

SUBTOTAL PERMIT FEES (minimum $100)

| PERMIT PROCESSING FEE | 40.00 |
| PLAN REVIEW FEE       | 180.00 |
| ELECTRICAL INSPECTION FEE | 50.00 |

DIGITAL PROCESSING FEE ($25.00 plus $2.00 each page over 10 pages)

TOTAL PAYMENT DUE
Checks payable to “City of Dearborn”

III. APPLICANT INFORMATION / AFFIDAVIT

Name of Registered Company

Name of Registered Person of Company

Company Address

City State Zip Code

City of Dearborn Registration # Expiration Date

Worker’s Disability Compensation Insurance Carrier (or reason for exemption)

Employer Identification Number (or reason for exemption) MESC Employer Number (or reason for exemption)

I affirm that the information provided in this application and the accompanying drawings, which are a part of this application, is accurate. The acceptance of the permit shall constitute an agreement to abide by all codes and ordinances enforced by the City of Dearborn.

Authorized Signature____________________________________________________           Date_______________________________________

FOR OFFICE USE ONLY
Permit Number ____________________Date Submitted ___________________
Permit Clerk ______________________Date Approved ____________________