

ALARMS, FIRE WARNING SYSTEMS & LOW VOLTAGE SYSTEMS

Please submit/upload plans in PDF format

Applicant must submit the following items:

Please indicate items submitted with a checkmark (✓).

1. Permit application (check appropriate trade: electric) completed and signed

Create online as Permit Type: Electric (R) Workclass: Electric

2. **ONE AND TWO FAMILY DWELLINGS**

- a. Requires Plan Review:
FIRE WARNING SYSTEMS require plans and specifications
- b. Alarm and Low Voltage Systems:
Low voltage systems such as the following *do not* require a permit:
Central vacuum, burglar alarm, security, home entertainment, telephone, computer, audio, lightning protection, etc
Exception: Specialized systems may require permits as determined by the Building Official

Create online as Permit Type: Electric (C) Workclass: Fire Alarm

3. **MULTI-FAMILY AND COMMERCIAL**

- a. Requires Plan Review:
 1. Plans, specifications and shop drawings
 2. Plans shall have designer's name & address
 3. With more than one design professional, the drawings must be stamped as reviewed and accepted by the designer of record
 4. P. B.C. Fire Rescue review is required with form and fee required

Create online as Permit Type: Electric (C) Workclass: Electric

- b. Alarm and Low Voltage Systems:
Low voltage systems such as the following *do not* require a permit:
Central vacuum, burglar alarm, security, home entertainment, telephone, computer, audio, lightning protection, etc
Exception: Specialized systems may require permits as determined by the Building Official

NOTE :

Field inspectors will verify appropriate installation of all low voltage systems at framing inspection



PALM BEACH COUNTY FIRE-RESCUE
PLANS REVIEW APPLICATION



NO. _____

FP# _____

PERMIT # _____

TO BE FILLED OUT BY APPLICANT

THE UNDERSIGNED HEREBY APPLIES FOR PLANS TO BE REVIEWED FOR COMPLIANCE OF PALM BEACH COUNTY FIRE CODE:

PROJECT NAME: _____

ADDRESS OF PROJECT: _____

CITY/TOWN: _____

- _____ CONSTRUCTION _____ REVISE _____ ALTERATION
- _____ MULTIPLE DWELLING _____ CIVIL _____ COMMERCIAL
- _____ INTERIOR _____ HOOD SYSTEM _____ FUEL TANK/LINES
- _____ LP GAS _____ FIRE ALARM _____ FIRE SPRINKLER
- _____ FIRE SUPPRESSION _____ HVAC _____ OTHER _____

NAME OF OWNER OR ENGINEER ADDRESS OF OWNER OR ENGINEER

NAME OF CONTRACTOR ADDRESS OF CONTRACTOR

PRINT APPLICANT/ CONTACT NAME APPLICATION DATE

TELEPHONE NUMBER _____ FAX NUMBER \$ _____ VALUATION OF PROPOSED WORK

FOR OFFICE USE ONLY PALM BEACH COUNTY FIRE RESCUE

FIRE REVIEW FEE \$	CHECK # _____ DATE REC'D _____	MSTU _____	_____ FIRE DEPT OFFICIAL
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