



FIRE ALARM APPLICATION

CITY OF HAMTRAMCK

www.hamtramck.us



BUILDING DIVISION

3401 EVALINE HAMTRAMCK, MICHIGAN 48212
(313) 800-5233 Ext. 296

FIRE PREVENTION BUREAU

2625 CANIFF ST. HAMTRAMCK, MICHIGAN 48212
(313) 305-4503 Ext. 225

FIRE DEPARTMENT

SYSTEM TYPE:

- CIRCLE ONE**
- COMPLETE (Entire building - includes smoke/heat detectors, pull stations, etc.)
- PARTIAL (System with al but smoke detectors)
- SUPERVISED (Sprinkler or duct monitoring)

PROPERTY ADDRESS & INFORMATION

STREET NUMBER _____ STREET NAME _____ UNIT NUMBER _____

NAME OF BUSINESS AT THIS LOCATION _____

APPLICANT INFORMATION:

CONTRACTOR NAME AS SHOWN ON LICENSE _____

STREET ADDRESS _____ () _____
PHONE NUMBER

CITY _____ STATE _____ ZIP _____ () _____
FAX NUMBER

E-MAIL ADDRESS (REQUIRED) _____

NOTE: ALL CONTRACTORS MUST REGISTER WITH THE CITY ON A SEPARATE FORM

PROPERTY OWNER:

FIRST NAME _____ LAST OR BUSINESS NAME _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ () _____
PHONE NUMBER

ALL REQUESTED INFORMATION MUST BE PROVIDED - INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

OFFICE USE ONLY

	FEES:	PAID:	
Admin Fee CDD:	_\$50.00_	_____	Permit #: _____
Admin Fee FD:	_\$100.00_	_____	Date Issued: _____
Elec. Insp:	_\$75.00_	_____	Issued by: _____
Plan Review Fee:	_____	_____	
Contractor Registration:	<u>\$15.00</u>	_____	
Investigative Fee:	_____	_____	
Other:	_____	_____	
TOTAL:	_____	_____	

OFFICE USE ONLY:	
_____	_____
APPROVED BY	DATE
COMMENTS	

**FILL IN THE BOX BELOW COMPLETELY
DEPENDING ON THE TYPE OF SYSTEM**

FIRE ALARM SYSTEMS:

INSTALLATION COST: _____ (INCLUDE ALL COSTS INCLUDING ELECTRICAL SUPPLY)

TOTAL BUILDING SQUARE FOOTAGE: _____ # OF FIRE AREAS: _____

TOTAL# OF DEVICES: PANELS: _____

PULL STATIONS: _____

HEAT/SMOKE DETECTORS: _____

HORN STROBES: _____

OTHER DEVICE: _____

OTHER DEVICE: _____

KNOX BOX ON BUILDING?: YES _____ NO _____ (IF NO, OBTAIN APPLICATION FROM F.D.)

ARCHITECT OR ENGINEER: (IF APPLICABLE)

FIRSTNAME: _____ LAST OR BUSINESSNAME _____ NUMBER _____ STREETNAME _____

CITY _____ STATE _____ ZIP _____ () _____
PHONENUMBER _____

() _____
FACSIMILENUMBER (REQUIRED)

SEND PLAN REVIEW COMMENTS TO THE : ARCHITECT/ENGINEER APPLICANT

**ALL SUBMISSIONS MUST INCLUDE THREE COPIES OF THE CONSTRUCTION DOCUMENTS.
ONE COPY MUST BE A FULL SIZE COPY (24 X 36 MAXIMUM) TO SCALE, AND ONE COPY MUST
BE NO LARGER THAN 11 X 17 INCHES. ALL REDUCED COPIES MUST BE FULLY LEGIBLE AND
HAVE A GRAPHIC SCALE. REVERSED TEXT DRAWINGS WILL NOT BE ACCEPTED.**

DESCRIBE THE OVERALL SCOPE OF THE WORK

THE FOLLOWING ATTACHMENTS ARE PART OF THIS APPLICATION FORM:

- 1. FIRE DEPARTMENT MINIMUM PLAN REVIEW REQUIREMENTS
- 2. BUILDING DEPARTMENT LOCAL REQUIREMENTS FOR INSPECTION OF FIRE PROTECTION SYSTEMS
- 3. FIRE ALARM PERMIT FEE SCHEDULE
- 4. FIRE ALARM PERMIT FEE WORKSHEET
- 5. PERMIT PROCESS FLOW CHART

PERMITS ARE NOT TRANSFERABLE AS TO PERSON OR PLACE AND ARE NOT REFUNDABLE. ISSUANCE OF A PERMIT DOES NOT GUARANTEE COMPLIANCE WITH ANY CODE. PLAN REVIEWS NOTE ALL OBSERVED DEFECTS AND ARE SUBJECT TO FIELD CORRECTION. COMPLETED WORK MUST BE INSPECTED IMMEDIATELY. THE APPLICANT SHALL BE RESPONSIBLE FOR OBTAINING PERMITS AND INSPECTIONS AND PAYMENT OF FEES. IF WORK IS STARTED BEFORE A PERMIT IS ISSUED AN ADDITIONAL INVESTIGATIVE FEE WILL BE ASSESSED.

SECTION 23a OF THE STATE CONSTRUCTION CODE ACT OF 1972, ACT 230 OF THE PUBLIC ACTS OF 1972, BEING SECTION 125.15321 OF THE MICHIGAN COMPILED LAWS, PROHIBITS A PERSON FROM CONSPIRING TO CIRCUMVENT THE LICENSING REQUIREMENTS OF THE STATE RELATING TO PERSONS WHO ARE TO PERFORM WORK ON A RESIDENTIAL BUILDING OR A RESIDENTIAL STRUCTURE. VIOLATORS OF SECTION 23a ARE SUBJECT TO CIVIL FINES.

APPLICANT SIGNATURE:

I HEREBY CERTIFY THAT I HAVE RECEIVED, READ AND UNDERSTAND THIS FORM AND THE ABOVE ATTACHMENTS AND THAT ALL INFORMATION PROVIDED HEREIN IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE

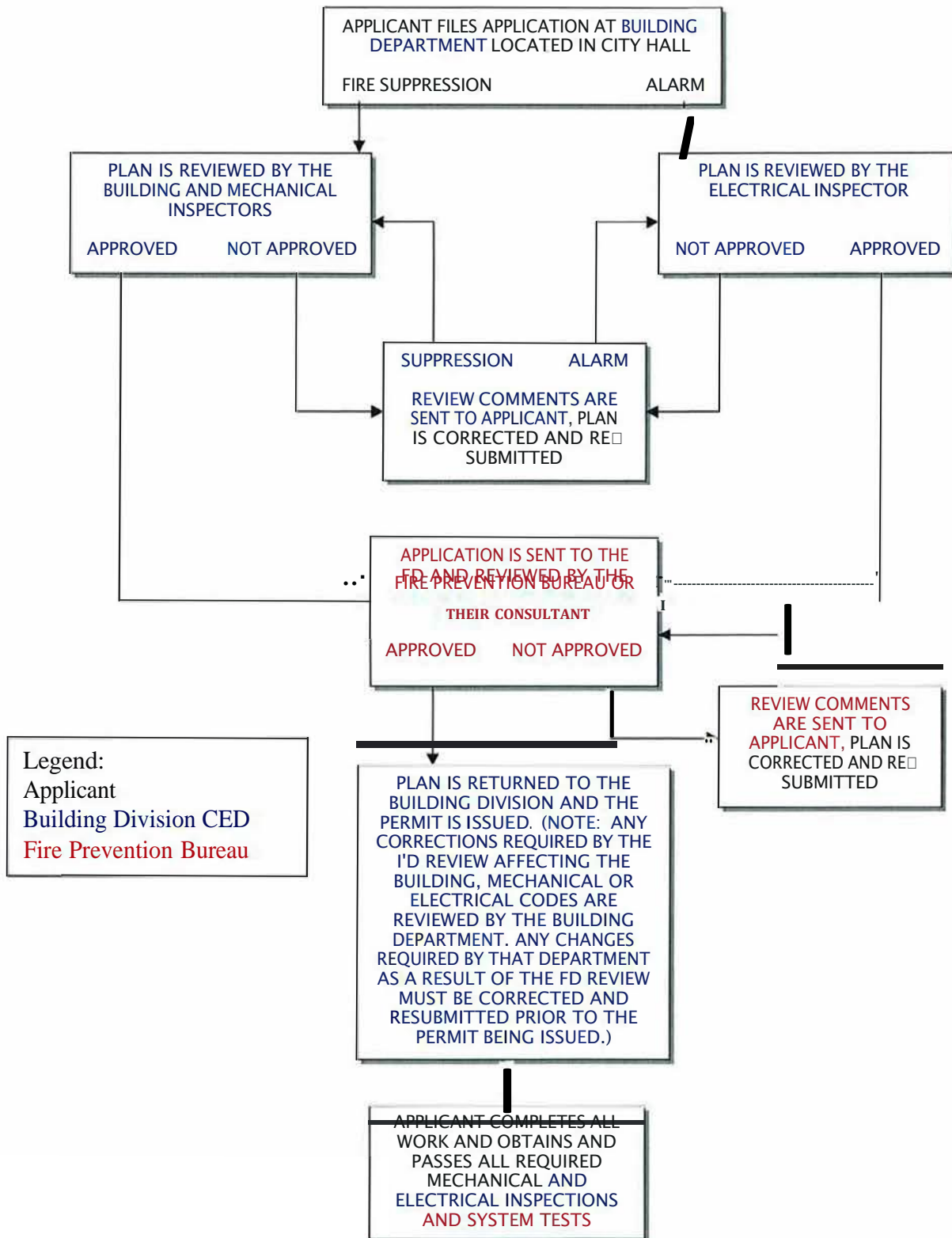
DATE

DRIVER'S LICENSE NUMBER

DATE OF BIRTH

CITY OF HAMTRAMCK

FIRE SUPPRESSION AND FIRE ALARM PERMIT PROCESS



CITY OF HAMTRAMCK

CITY OF HAMTRAMCK
BUILDING DEPARTMENT
(313) 800-5233X296

FIRE DEPARTMENT
FIRE PREVENTION BUREAU
(313) 305-4503 X225

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FIRE ALARM PERMIT FEES AND POLICIES

1. FEE SCHEDULES:

CED Administration Fee: \$50.00 (Required on all permits)
 FD Administration Fee: \$100.00 (Required on all permits)

Electrical Inspection - CED \$75.00 each (One required on all permits)

Re-Inspection Fee: \$40.00 each in inspection (Charged on all failed inspections by CED and FD. Must be paid prior to re-inspection.)

FD Plan Review Fees: Minimum Fee: \$200.00

Number of Alarm Devices:	Fee:
I to 25	\$200.00
26 to 50	\$400.00
51 to 75	\$600.00
76 to 100	\$800.00
IOI to 125	\$ 1000.00
Over 125	\$1000.00 plus \$5.00 per additional device over 125
Rush Plan Reviews:	Add 100% to base fee.* 1 to 3 days turn around.

* Add \$25 for overnight plan return

Contractor Registration Fee: \$ 15.00 for term of license. (Requires valid State license, driver's license, workman's compensation information, and a federal I.D. number. Initial registration must be done in person by license holder.)

2. POLICIES:

All applications are received at the Building Department.

All plan reviews include one initial and one follow-up review. Additional fees will be charged for plan reviews past one follow-up review.

Electrical inspections are scheduled through the Building Department at (313) 800-5233 Ext. 296. Alarm and other system tests are scheduled with the Fire Prevention Bureau at (313) 305-4503 Ext. 225. All tests and inspections that are not approved require payment of a \$40.00 re-inspection fee to both Departments prior to re-inspection.

**FIRE ALARM PERMIT
FEE COMPUTATION WORKSHEET
(SUBMIT WITH PERMIT APPLICATION)**

FEE ITEM:	DESCRIPTION:	FEE:	#OF ITEMS:	TOTAL:
COD Admin. Fee	Building Division Administration Fee (Req.)	\$50.00	1	\$50.00
FD Admin. Fee	Fire Department Administration Fee (Req.)	\$100.00	1	\$100.00
Electrical Insp.	Building Division Electrical Inspection (Req.)	\$75.00	1	\$75.00
	Additional Mechanical Inspection(s)	\$75.00		
F.D. Plan Review	Number of Devices	Base Fee:		
	1 to 25	\$200.00		
	26 to 50	\$400.00		
	51 to 75	\$600.00		
	76 to 100	\$800.00		
	101 to 125	\$1000.00		
	Over 125	\$1000.00 plus \$5.00 per device over 125		
	Rush Review	Add 100% to base fee.* 1 to 3 days turn around.		
	*Add \$25 for overnight plan return			
Other:	Re-inspection of failed inspections	\$40.00		
Contractor Registration		\$15.00		
	TOTALS:			



INFORMATION REQUIRED FOR FIRE ALARM AND FIRE SUPPRESSION PLAN REVIEWS

Sprinkler System Submittals:

***See NFPA 13 for a complete submittal list.**

- o Plans must be to scale and clearly show work to be done including a detailed scope of work.
- o Plan must show the job name and address, building dimensions and total square feet.
- o The specific type and quantity of sprinklers shall be provided on every page.
- o Catalog cut sheets for all sprinklers, valves, etc. shall be included and highlighted.
- o Fire hydrant flow test information shall be dated and less than 1 year old.
- o Hydraulic calculations shall clearly show the friction loss for the backflow preventer and include a graph curve sheet.
- o All hydraulic node points shall be clearly shown on the drawings.
- o All ceiling information including soffits, heights, construction type, slope, etc. shall be shown and noted with cross section detailed on the plans.
- o Specific code sections and storage information shall be provided for all design densities over Ordinary Group II.
- o All plans shall have the contractors name, address, phone and fax number.
- o Provide a scaled site plan clearly showing the building fire department connection location and fire hydrant locations.

Fire Alarm System Submittals:

***See NFPA 72 for a complete submittal list.**

- o Plans shall be to scale and include a scope of work outlining details of the project.
- o Plans must show job name and address, building dimensions and total square feet.
- o The square foot area of the building shall be noted on the plans.
- o Catalog cut sheets shall be provided and highlighted for all components to be installed.
- o Specific details shall be provided regarding the offsite monitoring of the system including type of transmission means and name and location of receiving station.
- o All wiring information shall be shown on the plans including size, type, and all point to point wire runs.
- o Complete battery back up calculations shall be provided that clearly note battery size to be provided.
- o Voltage drop calculations for notification devices shall be provided.
- o All plans shall have the contractors name, address, and phone number.

Kitchen Hood Wet Chemical System Submittals:

***See NFPA 17A for a complete submittal list.**

- o Plans shall include exact hood, duct, pipe and appliance dimensions.
- o Plans must show job name and address, building dimensions and total square feet.
- o Catalog cut sheets shall be provided for all nozzles and equipment to be used.
- o The tank size and flow point count shall be noted on the plans.
- o All plans shall have the contractors name, address, and phone number.
- o A plan view of the kitchen shall show the hood, tank, and pull station locations.
- o The plans shall clearly show the type of nozzles to be used and show the mounting height, and aiming point for each.

Kitchen Hood Mechanical System Submittals:

***See NFPA 96/mechanical code for a complete submittal list.**

- o Plans shall include complete hood, duct and mounting dimensions.
- o Plan must show job name and address.
- o Plans shall include a roof detail showing the exhaust fans and all equipment within 15'.
- o Specific information and manufacturers UL listing shall be provided for all hoods calculated for other than code requirements.
- o Complete calculations shall be shown for both the CFM and FPM used in sizing the exhaust duct and fan.
- o All plans shall have the contractors name, address, and phone number. - - - - -