

WHITNEY FIRE DISTRICT
Ada County, Idaho
Fire Alarm Plan Review

All sections below must be completed.

Date: _____

Whitney FD Num.; _____

Bldg Permit Number; _____

Applicant: _____

Project Name: _____

Project Address: _____

Parcel Number: _____

Alarm Contractors Name: _____

Address: _____ (city) _____ (state) _____

Phone: _____ Fax: _____

Contractor License Number: _____

Bldg Owner/Rep. Name: _____ Phone: _____ Fax: _____

Bldg Owner/Rep. Address: _____ (city) _____ (state) _____

Designer's Name: _____ Phone: _____ Fax: _____

Company Name & Address: _____

Address: _____ (city) _____ (state) _____

Designer's Qualifications: _____

Installer Information:

Installer's Name _____ Phone: _____ Fax: _____

Check One

- New system in new building
- New system in existing building
- Replacement of existing system (Include reason for replacement in explanatory comments)
- Modification of existing alarm system.

Number of alarm devices. _____

Scope of Work

Building Occupancy Groups

For new fire alarm systems, list all occupancies within the building; verify with architect: _____

For TI (E or N) - modifications, list occupancy of the TI space; verify with architect and/or building permit: _____

Recommendations:

Recommend Approval

Recommend Disapproval

Conditions of approval/ Field inspector review items:
