



Permit #:

Date Received:

Fire Alarm Permit Application

TYPE OF SUBMITTAL	REQUIRED INFORMATION	
<input type="checkbox"/> New Construction <input type="checkbox"/> Add/Alteration/Replacement <input type="checkbox"/> Affidavit	Valuation: \$	
JOB SITE INFORMATION AND LOCATION		
Job site address:	Occupancy:	
City/State/ZIP:	AFFIDAVIT INFORMATION	
Project name:	Work under an affidavit does not require plan review, but does require a sketch showing the area of work within the building's structure and an electrical permit. See requirements below. All other installations require plan review.	
DESCRIPTION OF WORK		
	NOTICE	
	The replacement of a fire alarm panel requires a full review of digital plans with associated manufacturer's specification documents.	
	PROPERTY OWNER	
Name:	QTY	
Address:	Proposed	Add
City/State/ZIP:	Fire Alarm Control Panel (Max 1)	Relocate
Phone:	Notification Appliance Power Supplies	
Email:	Smoke/Heat Detectors (Max 5)	
APPLICANT		
Business name:	Manual Alarm Stations (Max 5)	
Contact name:	Notification Appliances (Max 5)	
Address:	AFFIDAVIT REQUIREMENTS	
City/State/ZIP:	<input type="checkbox"/> All work complies with the current state-adopted NFPA-72 and the authority having jurisdiction.	
Phone:	<input type="checkbox"/> All notification appliances are located in accordance with the current state-adopted NFPA-72.	
E-mail:	<input type="checkbox"/> Smoke/Heat detector spacing complies with current state-adopted NFPA-72 and the authority having jurisdiction.	
CONTRACTOR		
Business name:	<input type="checkbox"/> Exposed wiring will not be covered until inspected.	
Address:	<input type="checkbox"/> Final approval shall be subject to on-site tests and inspections.	
City/State/ZIP:	<input type="checkbox"/> Voltage drop is adequate to operate all appliances and subject to field verification.	
Phone:	<input type="checkbox"/> Battery supplies are capable of supporting the system modifications.	
E-mail:	<input type="checkbox"/> A statement of compliance, with the minimum information as specified in the Oregon Fire Code, will be given to the Building Inspector prior to final approval.	
CCB License:	<input type="checkbox"/> Compatibility of appliances and devices are in accordance with the FACP manufacturer's specifications.	
Authorized Signature:	Initials: ____	
Print name:	Date:	
This permit application expires if a permit is not obtained within 180 days.		
BUILDING PERMIT FEES		
Plan Review Fee		
State Surcharge (12% of permit fee)		
TOTAL PERMIT FEE		

Development Services & Permitting Center

Email Permits@Hillsboro-Oregon.gov Phone 503-681-6153 Fax 503-681-5250 Web Hillsboro-Oregon.gov/Permits