



# FIRE ALARM APPLICATION

CITY OF MADISON HEIGHTS

[www.madison-heights.org](http://www.madison-heights.org)

COMMUNITY DEVELOPMENT  
DEPARTMENT  
BUILDING DIVISION  
300 W. THIRTEEN MILE RD.  
MADISON HEIGHTS,  
MICHIGAN 48071  
(248) 583-0831  
FAX (248) 588-4143

FIRE DEPARTMENT FIRE  
PREVENTION BUREAU  
31313 BRUSH STREET  
MADISON HEIGHTS,  
MICHIGAN 48071 (248)  
588-3605  
FAX (248) 588-3604

**SYSTEM TYPE:**

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

**PROPERTY ADDRESS & INFORMATION**

STREET NUMBER \_\_\_\_\_ STREET NAME \_\_\_\_\_ UNIT NUMBER \_\_\_\_\_  
NAME OF BUSINESS AT THIS LOCATION \_\_\_\_\_

Check here to receive Notices of Repair by facsimile    or e-mail .

**APPLICANT INFORMATION:**

CONTRACTOR NAME AS SHOWN ON LICENSE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
FAX NUMBER \_\_\_\_\_

**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**

**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)**

FIRST NAME \_\_\_\_\_ LAST OR BUSINESS NAME \_\_\_\_\_ NUMBER \_\_\_\_\_ STREET NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
FACSIMILE NUMBER (REQUIRED)

SEND PLAN REVIEW COMMENTS TO THE :  ARCHITECT/ENGINEER  APPLICANT

**ALL SUBMISSIONS MUST INCLUDE TWO 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.  
A PDF IS REQUIRED AND MAY BE SUBMITTED VIA E-MAIL, CD, OR USB FLASH DRIVE.**

**DESCRIBE THE OVERALL SCOPE OF THE WORK**

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**THE FOLLOWING ATTACHMENTS ARE PART OF THIS APPLICATION FORM:**

- 9 FIRE DEPARTMENT MINIMUM PLAN REVIEW REQUIREMENTS
- 9 BUILDING DEPARTMENT LOCAL REQUIREMENTS FOR INSPECTION OF FIRE PROTECTION SYSTEMS
- 9 FIRE ALARM PERMIT FEE SCHEDULE
- 9 FIRE ALARM PERMIT FEE WORKSHEET
- 9 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.**

**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: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_



**OFFICE USE ONLY**

FEES:	PAID:	
<b>Admin Fee CDD &amp; FD:</b>	<u>\$125.00</u>	Permit #:
<b>Permit Fee:</b>	_____	Date Issued:
<b>Elec. Insp:</b>	<u>\$70.00</u>	Issued by:
<b>Plan Review Fee:</b>	_____	
<b>Contractor Registration:</b>	_____	
<b>Investigative Fee:</b>	_____	
<b>Other:</b>	_____	
<b>TOTAL:</b>	_____	

<b>OFFICE USE ONLY:</b>	
APPROVED BY	DATE
COMMENTS: _____	

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# INFORMATION REQUIRED FOR FIRE ALARM AMD FIRE SUPPRESSION PLAN REVIEWS

## Sprinkler System Submittals:

\*See NFPA 13 for a complete submittal list.

- ⑨ Plans must be to scale and clearly show work to be done including a detailed scope of work.
- ⑨ Plan must show the job name and address, building dimensions and total square feet.
- ⑨ The specific type and quantity of sprinklers shall be provided on every page.
- ⑨ Catalog cut sheets for all sprinklers, valves, etc. shall be included and highlighted.
- ⑨ Fire hydrant flow test information shall be dated and less than 1 year old.
- ⑨ Hydraulic calculations shall clearly show the friction loss for the backflow preventer and include a graph curve sheet.
- ⑨ All hydraulic node points shall be clearly shown on the drawings.
- ⑨ All ceiling information including soffits, heights, construction type, slope, etc. shall be shown and noted with cross section detailed on the plans.
- ⑨ Specific code sections and storage information shall be provided for all design densities over Ordinary Group II.
- ⑨ All plans shall have the contractors name, address, phone and fax number.
- ⑨ 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.

- ⑨ Plans shall be to scale and include a scope of work outlining details of the project.
- ⑨ Plans must show job name and address, building dimensions and total square feet.
- ⑨ The square foot area of the building shall be noted on the plans.
- ⑨ Catalog cut sheets shall be provided and highlighted for all components to be installed.
- ⑨ Specific details shall be provided regarding the offsite monitoring of the system including type of transmission means and name and location of receiving station.
- ⑨ All wiring information shall be shown on the plans including size, type, and all point to point wire runs.
- ⑨ Complete battery backup calculations shall be provided that clearly note battery size to be provided.
- ⑨ Voltage drop calculations for notification devices shall be provided.
- ⑨ 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.

- ⑨ Plans shall include exact hood, duct, pipe and appliance dimensions.
- ⑨ Plans must show job name and address, building dimensions and total square feet.
- ⑨ Catalog cut sheets shall be provided for all nozzles and equipment to be used.
- ⑨ The tank size and flow point count shall be noted on the plans.
- ⑨ All plans shall have the contractors name, address, and phone number.
- ⑨ A plan view of the kitchen shall show the hood, tank, and pull station locations.
- ⑨ 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.

- ⑨ Plans shall include complete hood, duct and mounting dimensions.
- ⑨ Plan must show job name and address.
- ⑨ Plans shall include a roof detail showing the exhaust fans and all equipment within 15'.
- ⑨ Specific information and manufacturers UL listing shall be provided for all hoods calculated for other than code requirements.
- ⑨ Complete calculations shall be shown for both the CFM and FPM used in sizing the exhaust duct and fan.
- ⑨ All plans shall have the contractors name, address, and phone number.

# LOCAL REQUIREMENTS FOR INSPECTION OF FIRE PROTECTION SYSTEMS

1. All hydrostatic and alarm tests must be scheduled directly with the Fire Department at 248-588-3605, with 48 hours' notice. That office will coordinate with the Building Department. Mechanical piping inspections must be scheduled in the normal manor by calling 248.583.0831.
2. The riser must be installed in accordance with the City approved piping detail. The piping inspection by the Mechanical Inspector must be complete and approved.
3. The suppression system (including required alarms) must be complete and fully operational. We do not witness partial tests.
4. An inspectors test must be installed on each riser and reduced to the smallest size head in service on that riser. Wherever possible, the preferred location is at the farthest point from the water source
5. Spare heads and wrenches must be in place.
6. All fire department connections must be a five inch (5") Storz connector. There shall be a minimum of ten feet of separation between the F.D. connection and any gas or electric service equipment. All new or modified systems must comply with this requirement.
7. All new or modified systems must comply and conform to current backflow/cross connection rules. If modification of the riser is required the riser must conform to the Madison Heights Riser Diagram.
8. Dry pipe systems must be tested for timed operation as well as wet or dry pressure.
9. **Madison Heights Building Department Local Requirement:**

The State of Michigan Bureau of Construction Codes has determined that the alarm equipment required to monitor a fire suppression system is NOT a "fire alarm" under the code and as such, notification devices are NOT required in the occupied spaces of a building. The Madison Heights Building Department and the Madison Heights Fire Department **STRONGLY** recommends that notification devices be installed in all buildings in sufficient numbers to alert all the occupants of the activation of the fire suppression system. Whether the activation is from a fire, or another activity such as damage or freezing, the water flowing from these systems can cause severe building damage and personal injury in a matter of minutes. Immediate notification to building occupants is necessary to protect their safety.

## CITY OF MADISON HEIGHTS

COMMUNITY DEVELOPMENT DEPARTMENT  
BUILDING DIVISION  
(248) 583-0831

FIRE DEPARTMENT FIRE  
PREVENTION BUREAU  
(248) 588-3605

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### FIRE ALARM PERMIT FEES AND POLICIES

#### **1. FEE SCHEDULES:**

CDD Administration Fee:	\$30.00 (Required on all permits)
FD Administration Fee:	\$125.00 (Required on all permits)
Electrical Inspection - CDD	\$70.00 each (One required on all permits)
Re-Inspection Fee:	\$70.00 each inspection (Charged on all failed inspections by CDD and FD. Must be paid prior to re-inspection.)
FD Plan Review Fees:	Minimum Fee: \$200.00

<b>Number of Alarm Devices:</b>	<b>Fee:</b>
1 to 10	\$200.00
11 to 25	\$290.00
26 to 50	\$435.00
51 to 75	\$700.00
76 to 100	\$850.00
101 to 125	\$1020.00
Over 125	\$1020.00 plus \$5.70 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, drivers license, workman's compensation information, and a federal I.D. number. Initial registration must be done in person by license holder.)
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#### **2. POLICIES:**

All applications are received at the Community Development 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 (248) 583-0831. Alarm and other system tests are scheduled with the Fire Prevention Bureau at (248) 588-3605. All tests and inspections that are not approved require payment of a \$30.00 re-inspection fee to both Departments prior to re-inspection.

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

<b>FEE ITEM:</b>	<b>DESCRIPTION:</b>	<b>Fee:</b>	<b># OF ITEMS:</b>	<b>TOTAL:</b>
<b>CDD Admin. Fee</b>	Building Division Administration Fee (Req.)	\$30.00	1	\$30.00
<b>FD Admin. Fee</b>	Fire Department Administration Fee (Req.)	\$125.00	1	\$125.00
<b>Electrical Insp.</b>	Building Division Electrical Inspection (Req.)	\$70.00	1	\$70.00
	Additional Mechanical Inspection(s)	\$70.00		
<b>F.D. Plan Review</b>	<b>Number of Devices</b>	<b>Base Fee:</b>		
	1 to 10	\$200.00		
	11 to 25	\$290.00		
	25 to 50	\$435.00		
	51 to 75	\$700.00		
	75 to 100	\$850.00		
	100 to 125	\$1020.00		
	Over 125	\$1020.00 plus \$5.70 per device over 125		
	Rush Review	Add 100% to base fee.* 1 to 3 days turn around.		
	*Add \$25 for overnight plan return			
<b>Other:</b>				
<b>RE-INSPECTION</b>		\$ 70.00		
<b>Contractor Registration</b>		\$15.00		
	<b>TOTALS:</b>			

# CITY OF MADISON HEIGHTS

## FIRE SUPPRESSION AND FIRE ALARM PERMIT PROCESS

