



**Portland Fire & Rescue**  
**Facilities Permit Application – Fire Alarm System**  
**1900 SW 4<sup>th</sup> Avenue, Portland, OR 97201**  
**Phone: 503.823.3712**



VALUATION OF WORK: \$ \_\_\_\_\_ DATE: \_\_\_\_\_ PERMIT #: \_\_\_\_\_

**Plans must be submitted to the fire prevention division and approved before installation**

**Location:**

Building Name: \_\_\_\_\_ Occupied as: \_\_\_\_\_

IBC Occupancy Classification: \_\_\_\_\_

Address: \_\_\_\_\_ Portland, OR Zip \_\_\_\_\_

Suite # \_\_\_\_\_ Levels (#) \_\_\_\_\_

Building Work Permit # \_\_\_\_\_

Installation		Coverage	Alarm type
<input type="checkbox"/> New	<input type="checkbox"/> Remove	<input type="checkbox"/> Total	<input type="checkbox"/> Central Station
<input type="checkbox"/> Addition	<input type="checkbox"/> Repair	<input type="checkbox"/> Partial	<input type="checkbox"/> Sprinkler Monitoring
<input type="checkbox"/> Alteration		<input type="checkbox"/> Exit way	<input type="checkbox"/> Other

No. Smoke Detectors:                  No. Strobes:                  No. Horns/Strobes:                  No. Spkrs/Strobes:

No. Heat Detectors:                  No. Pull Stations:                  No. Auxiliary Panels:

**Description of Work:**

**Installing Company Information**

Applicant Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Owner Information**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Mail Permit to:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

_____	_____	_____
Applicant Name	Signature	Date
_____	_____	_____
Inspector Name	Signature	Date

**Approved permit includes only work described above and/or on plans and specifications bearing the same permit number and will comply with all applicable codes and ordinances of the City of Portland, Oregon.**

## **Facilities Permit Alarm Permit Submittal Criteria**

Scope: Fire permits for work associated with a Facility Permit Project. Fees will be billed monthly.

1. Permit application including related Facility project permit number.
2. Two sets of floor or reflective ceiling plans showing locations of all alarm system components are to be supplied with the permit application. Plans shall show intended use of all rooms. Plans need to be of a quality clear enough to microfilm. Name of project, job address, and the engineers/architect's name who is designing the system must be on all sheets.
3. Battery calculations that are necessary to verify design details need to be included with new and expanded alarm system applications.
4. Specification sheets of equipment in the system may need to be included.
5. Wiring diagrams.
6. Provide any relevant appeal information.

For questions, please call 503-823-3712.

Submit plans to: Facilities Program  
Bureau of Development Services  
1900 SW 4<sup>th</sup> Ave – 3<sup>rd</sup> Floor  
Portland, OR 97201