

## COMMUNITY SAFETY DIVISION FIRE ALARM – NFPA 72 SUBMITTAL CHECKLIST



## **HOW TO APPLY FOR PERMIT:**

https://ezop.sbcounty.gov/citizenaccess/

## **REQUIREMENTS ON PLANS:**

	e are the minimum general requirements for plan check submittal. Additional requirements be required upon review.
	Owner / Project name
	Project street address and city including building number (if applicable)
	Name, address, phone number and license number of C-10 contractor
	Assessor's Parcel Number (APN)
	Scaled or fully dimensioned drawings
	Point of Compass
	Square footage of area (s) to be permitted
	Scope of work summary
	Occupancy class and/or use of each room
	Rooms are labeled and room dimensions are provided
	Equipment symbol legend
	Type of alarm circuits indicated (Class A or B); style
	Number and type of devices installed
	Device locations, mounting heights
	Location of the Fire Alarm Control Panel (FACP)
	Sectional views of structure, roof & ceiling, and rooms with beam or solid joists and drop ceilings etc are illustrated unless the building has smooth ceilings
	Single line and point to point wiring diagrams
□ ADD	Identification of fire alarm zones  ITIONAL REQUIREMENTS
	California State Fire Marshal (CSFM) listing services

 $\square$  Equipment is listed for intended use. Cut sheets / specification sheets on all devices