Cobb County Fire & Emergency Services

Fire Marshal’s Office

Limited Work Permit – Fire Alarm

Job Name: ________________________________ Bldg: _______ Suite: _______
Address: __________________________________ Bldg Permit #: _______
City: _____________________________________ Phone: ________________
Responsible Party: _______________________ Fire Alarm Company:
Low Voltage License #: _______ NICET or CFAT II #: _______
Email: __________________ Fax: ___________________ 

Type of Work:
☐ Add/Relocate (8 components or less)
☐ Temporary Start for a New System
☐ Inspection Fix2,3 (i.e. one for one fire alarm panel replacement)
☐ Revision to previously reviewed drawings or limited work permit

Job Type:
☐ Tenant
☐ Remodel/Addition
☐ Annual Inspection
☐ Other2,3 _____________________________

DRAWING SUBMITTAL REQUIREMENTS
1) Submit fire alarm drawing via fax at 770-528-8320 or email PDF at fmoinspections@cobbcounty.org
2) Label all rooms according to use
3) Provide dimensions or scaled drawings to indicate compliant coverage for visual notification
4) Indicate candela rating for all visual appliances and wire type4
5) Indicate wire type/size/number of conductors
6) Show all new, existing, or relocated fire alarm components

FIRE ALARM COMPONENTS

<table>
<thead>
<tr>
<th>Component</th>
<th># Added Components</th>
<th># Relocated Components</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audio/Visual Notification</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audio Notification</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual Notification</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Components</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OVERALL TOTAL

TEMPORARY STARTS

A Temporary Start for New Buildings or Tenants will only be considered AFTER the initial drawing review has been completed and an appointment has been scheduled to submit revised drawings. By signing below, you understand a Temporary Start permits the installation to begin and that you will be responsible for subsequent revisions in the field where any deficiencies are noted during the re-review of the fire alarm drawings.

TEMPORARY START REQUESTED BY:

______________________________
Print Name

______________________________
Signature

Next Scheduled Plan Review Appointment

Date: ________________ Time: ________________

APPROVAL/DISAPPROVAL/COMMENTS

☐ APPROVED ☐ DISAPPROVED

Comments: __________________________________________

Reviewer: _________ Date: ________________

1 NO WORK TO BEGIN UNTIL THE LIMITED WORK PERMIT HAS BEEN SIGNED BY THE FMO
2 Scope of Work must be provided in a letter or on the drawing
3 Record of Completion & Letter with dB readings required to be submitted for release
4 Audible levels are the responsibility of the fire alarm contractor

03/22/2018