

Cobb County Fire & Emergency Services

<p>Fire Marshal's Office</p>  <p>Limited Work Permit Fire Alarm</p>	<p>Limited Work Permit – Fire Alarm¹</p>		
<p>Job Name: _____</p> <p>Address: _____ Bldg: _____ Suite: _____</p> <p>City: _____ Bldg Permit #: _____</p> <p>Responsible Party: _____ Phone: _____</p> <p>Fire Alarm Company: _____</p> <p>Low Voltage License #: _____ NICET or CFAT II #: _____</p> <p>Email: _____ Fax: _____</p>			
<p>Type of Work:</p> <p><input type="checkbox"/> Add/Relocate (8 components or less)</p> <p><input type="checkbox"/> Temporary Start for a New System</p> <p><input type="checkbox"/> Inspection Fix^{2,3}(i.e. one for one fire alarm panel replacement)</p> <p><input type="checkbox"/> Revision to previously reviewed drawings or limited work permit</p>		<p>Job Type:</p> <p><input type="checkbox"/> Tenant</p> <p><input type="checkbox"/> Remodel/Addition</p> <p><input type="checkbox"/> Annual Inspection</p> <p><input type="checkbox"/> Other^{2,3} _____</p>	
<p>✓ = Pass, X = Fail, NA = Not applicable</p>			<p>Status</p>
<p>DRAWING SUBMITTAL REQUIREMENTS</p>			
<p>1) Submit fire alarm drawing via fax at 770-528-8320 or email PDF at fmoinpections@cobbcountry.org</p>			
<p>2) Label all rooms according to use</p>			
<p>3) Provide dimensions or scaled drawings to indicate compliant coverage for visual notification</p>			
<p>4) Indicate candela rating for all visual appliances and wire type⁴</p>			
<p>5) Indicate wire type/size/number of conductors</p>			
<p>6) Show all new, existing, or relocated fire alarm components</p>			
<p>FIRE ALARM COMPONENTS</p>			
Component	# Added Components	# Relocated Components	Total
Audio/Visual Notification			
Audio Notification			
Visual Notification			
Other Components			
OVERALL TOTAL			
<p>TEMPORARY STARTS</p>			
<p>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.</p>			
<p>TEMPORARY START REQUESTED BY:</p>			
<p>_____</p> <p>Print Name</p>		<p>_____</p> <p>Signature</p>	
<p>Next Scheduled Plan Review Appointment</p> <p>Date: _____ Time: _____</p>			
<p>APPROVAL/DISAPPROVAL/COMMENTS</p>			
<p><input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>			
<p>Reviewer: _____</p>			<p>Date: _____</p>

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