



# Derry Fire Department

14 MANNING STREET, DERRY, NH 03038  
(603) 432-6751      FAX: (603) 537-9216

## RADIO FIRE ALARM BOX APPLICATION

<b>RADIO BOX APPLICATION FEE:</b>	<b>\$50.00</b> (DUE WITH APPLICATION)
<b>ANNUAL MONITORING FEES (DERRY):</b>	<b>(NO CHARGE)</b>
<b>(NON-DERRY):</b>	<b>\$300.00</b> (COMMERCIAL)
	<b>\$240.00</b> (RESIDENTIAL)

### INSTRUCTIONS FOR COMPLETING RADIO FIRE ALARM BOX APPLICATION:

**ALL APPLICANTS:** PLEASE COMPLETE AND SIGN APPLICATION. THE APPLICATION FEE MUST ACCOMPANY THE APPLICATION FOR IT TO BE PROCESSED AND PROGRAMMED.

#### RADIO FIRE ALARM BOX INSTALLATIONS:

ONCE THE APPLICATION IS RECEIVED, A SITE REVIEW WILL BE PERFORMED BY THE FIRE DEPARTMENT / AHJ TO ASSURE PROPER BOX LOCATION. A RADIO BOX NUMBER WILL BE ASSIGNED.

**NOTE:** THE ATTACHED RADIO BOX ZONE WORKSHEET MUST BE COMPLETED BY THE INSTALLER AND SUBMITTED TO DERRY FIRE PRIOR TO FINAL ACCEPTANCE AND ACTIVATION. FAILURE TO COMPLETE AND SUBMIT THIS WORKSHEET MAY DELAY ACTIVATION.



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## APPLICATION FOR INSTALLATION OF A RADIO FIRE ALARM BOX

PROPERTY INFORMATION				
APPLICATION DATE:	COMMUNITY / FIRE DEPARTMENT:			
PROPERTY NAME:				
PROPERTY ADDRESS:				
CITY	STATE	ZIP		
OWNER INFORMATION				
PROPERTY OWNER				
ADDRESS				
CITY	STATE	ZIP		
PHONE	FAX	CELL		
EMAIL ADDRESS				
OCCUPANCY INFORMATION				
PROPERTY OCCUPANT		<input type="checkbox"/> SAME AS OWNER		
ADDRESS				
CITY	STATE	ZIP		
PHONE	FAX	CELL		
EMAIL ADDRESS				
INSTALLER INFORMATION				
COMPANY NAME				
ADDRESS				
CITY	STATE	ZIP		
CONTACT	PHONE	CELL		
EMAIL ADDRESS				

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RADIO BOX INFORMATION		
MANUFACTURER:	<input type="checkbox"/> KING-FISHER	<input type="checkbox"/> DIGITIZER <input type="checkbox"/> OTHER:
LOCATION TYPE:	<input type="checkbox"/> INTERIOR	<input type="checkbox"/> EXTERIOR
FUNCTION TYPE:	<input type="checkbox"/> TRANSMITTER ONLY <input type="checkbox"/> COMBO TRANSMITTER & CONTROL PANEL	

***EQUIPMENT MUST BE INSTALLED IN ACCORDANCE WITH NFPA 72, DERRY FIRE RULES AND REGULATIONS THE LOCAL FIRE DEPT/AHJ AND MANUFACTURERS' INSTALLATION INSTRUCTIONS.***

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***APPLICATION IS HEREBY MADE FOR APPROVAL FOR INSTALLATION OF A RADIO BOX AND MONITORING SERVICES:***

OWNERS SIGNATURE:	DATE:
INSTALLERS SIGNATURE:	DATE:
FIRE DEPT / AHJ SIGNATURE:	DATE:
DERRY FIRE SIGNATURE:	DATE:

DERRY FIRE USE ONLY :	BOX # ASSIGNED:	DATE:
	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> MUNICIPALITY (NO FEE)	

## RADIO BOX ALARM ZONE ASSIGNMENT WORKSHEET:

(THIS ZONE WORKSHEET MUST BE COMPLETED BY THE ALARM INSTALLER AND SUBMITTED TO DERRY FIRE PRIOR TO FINAL ACTIVATION OF RADIO FIRE ALARM BOX; **FAILURE TO DO SO MAY DELAY ACTIVATION**)

**PLEASE NOTE:** DERRY FIRE POLICY REQUIRES THAT **ZONE 7** IS DESIGNATED FOR ALL TROUBLE ALARMS. (DEVIATION FROM THIS POLICY NOT ALLOWED W/O PRIOR APPROVAL FROM DERRY FIRE)

ZONE #	ZONE / UNIT NAME	ZONE INFO /OR UNIT - OCCUPANT INFO (IF MULTI-OCCUPANCY PROPERTY)
1		
2		
3		
4		
5		
6		
7	TROUBLE	TROUBLE
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

(FORM MAY BE COPIED AND ATTACHED FOR ADDITIONAL ZONE ASSIGNMENTS)

COMPLETED BY:	DATE:
COMPANY:	PHONE: