



Derry Fire Department

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

MASTER FIRE ALARM BOX APPLICATION

MASTER BOX APPLICATION FEE:	\$50.00 (DUE WITH APPLICATION)
FIRE DEPT CONNECTION CHARGE:	\$100.00
ANNUAL MONITORING FEES:	(NO CHARGE)

INSTRUCTIONS FOR COMPLETING THE MASTER 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.

MASTER BOX INSTALLATIONS:

ONCE THE APPLICATION IS RECEIVED, A SITE REVIEW WILL BE PERFORMED BY THE FIRE DEPARTMENT TO ASSURE THAT THE MUNICIPAL ALARM CIRCUIT IS IMMEDIATELY ACCESSIBLE TO THE PROPERTY AND TO ASSURE PROPER BOX LOCATION. A MASTER BOX NUMBER WILL BE ASSIGNED.

NOTE: TO EXPEDITE SCHEDULING THE MASTER BOX INSTALLATION, IT IS RECOMMENDED THAT THE FIRE DEPARTMENT CONNECTION CHARGE ACCOMPANY THIS APPLICATION AS WELL. FAILURE TO DO SO MAY RESULT IN CONNECTION DELAYS IF PAID SEPARATELY.

IF AFTER THE SITE REVIEW IT IS DETERMINED THAT EXTENSION OF THE MUNICIPAL ALARM CIRCUIT IS REQUIRED TO FACILITATE THE CONNECTION TO THE APPLICANTS PROPERTY, THE FIRE DEPARTMENT WILL ADVISE THE PROPERTY OWNER / PROJECT MANAGER OF THE ADDITIONAL COSTS (SEE FEE SCHEDULE — PER POLE SPAN) TO EXTEND THE CIRCUIT TO THE PROPERTY. THESE ADDITIONAL CONSTRUCTION / EXTENSION COSTS MUST BE PAID PRIOR TO SCHEDULING THE INSTALLATION.



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APPLICATION FOR INSTALLATION OF A MASTER FIRE ALARM BOX

PROPERTY INFORMATION		
APPLICATION DATE:		
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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EQUIPMENT MUST BE INSTALLED IN ACCORDANCE WITH NFPA 72, DERRY FIRE RULES AND REGULATIONS AND MANUFACTURERS' INSTALLATION INSTRUCTIONS.

APPLICATION IS HEREBY MADE FOR APPROVAL FOR INSTALLATION OF MASTER FIRE ALARM BOX AND CONNECTION TO THE MUNICIPAL ALARM CIRCUIT:

OWNERS SIGNATURE:	DATE:
INSTALLERS SIGNATURE:	DATE:
DERRY FIRE SIGNATURE:	DATE:

----- DERRY FIRE DEPARTMENT INTERNAL USE ONLY -----
THIS SECTION FOR TRACKING MASTER BOX INSTALLATIONS

<input type="checkbox"/> BOX NUMBER ASSIGNED:	DATE:
<input type="checkbox"/> INSTALLATION SITE REVIEW COMPLETED	DATE:
INSPECTOR COMMENTS/ RECOMMENDATIONS TO INSTALLER:	
100 MILLIAMPER CIRCUIT AVAILABLE:	<input type="checkbox"/> YES <input type="checkbox"/> NO
ADDITIONAL F.A. CIRCUIT EXTENSION REQUIRED	<input type="checkbox"/> YES <input type="checkbox"/> NO
ADDITIONAL INSTALLATION CHARGES RECEIVED (PRIOR TO INSTALLATION): AMOUNT: \$	
<input type="checkbox"/> MASTER BOX CONNECTION TO MUNICIPAL ALARM CIRCUIT	
INSTALLED BY:	DATE
INSTALLER COMMENTS:	
<input type="checkbox"/> MASTER BOX / FIRE ALARM INSPECTION / SYSTEM ACCEPTANCE TEST COMPLETED	
INSPECTED BY:	DATE:
INSPECTOR COMMENTS:	