



EAST GREENWICH FIRE DISTRICT

FIRE ALARM - COMMUNICATIONS DIVISION

FIRE ALARM PLAN REVIEW APPLICATION

FILE NUMBER

FA-20__ - ____

BUILDING / SITE INFORMATION

BUILDING / SITE NAME:

ADDRESS:

PRIMARY CONTACT FOR THIS APPLICATION:

PHONE:

EMAIL:

BUILDING OWNER:

PHONE:

ADDRESS:

CITY:

STATE:

ZIP:

FIRE ALARM INSTALLATION COMPANY

COMPANY NAME:

PHONE:

ADDRESS:

CITY:

STATE:

ZIP:

PRIMARY CONTACT:

RI LICENSE #:

PHONE:

Description of work being performed:

TOTAL COST OF FIRE ALARM SYSTEM INSTALLATION JOB: _____

REVIEW CHECKLIST

Fully completed application

Three (3) Sets of complete plans

Contact information provided

Cut Sheets for Fire Alarm System

ENSURE ALL REQUIRED MATERIAL IS PROVIDED AND ALL ABOVE INFORMATION IS CLEARLY FILLED OUT. FAILURE TO DO SO WILL RESULT IN REJECTION OF PLANS AND DELAY YOUR PROJECT.

APPLICANT SIGNATURE

DATE:

Plans may be dropped off at the Town of East Greenwich Public Works Office, 111 Pierce Street, Monday through Friday from 8am to 3:30pm.

Please visit the Fire Alarm Division website at www.egfiredistrict.net for a complete list of requirements for plan review, rough and final inspections. Contact the Fire Alarm Division at (401) 886-8687 to inquire about plans and _____ to _____ schedule _____ inspections.

OFFICIAL USE ONLY

PLAN REVIEW FEE

\$45 + \$6 per thousand over \$2,000 _____

Municipal System Tie In Fee - \$500 _____

TOTAL DUE: \$ _____