



City of Tigard

13125 SW Hall Blvd., Tigard, OR 97223
Phone: 503.718.2439 Fax: 503.598.1960
Inspection Line: 503.639.4175
Internet: www.tigard-or.gov

Permit No.: _____

Date Received: _____

By: _____

**FIRE ALARM SYSTEM AFFIDAVIT FOR ALTERATIONS
OR TENANT IMPROVEMENTS**

(MAXIMUM OF 5 DEVICES WITHOUT PLANS)

Project Name: _____ Occupancy: _____

Job Address: _____ Suite: _____

Contractor: _____ Phone: _____

Valuation of work: \$ _____

Type of System: (check one) Required Non-required

(check one) Automatic Manual Both

Total number of devices added or moved under this permit process is 5 total per tenant space.

Number of Proposed Smoke/Heat Detectors: To be Added (max 5) _____ / To be Relocated (max 5) _____

Number of Proposed Manual Alarm Stations: To be Added (max 5) _____ / To be Relocated (max 5) _____

Number of Proposed Notification Appliances: To be Added (max 5) _____ / To be Relocated (max 5) _____

I, _____ Oregon Construction Contractors Board No. _____
certify the following is true and defines the scope of work for this project:

- a) All work complies with the current state-adopted NFPA-72 and the authority having jurisdiction.
- b) All notification appliances are located in accordance with the current state-adopted NFPA-72.
- c) Smoke/Heat detector spacing complies with current state-adopted NFPA-72 and the authority having jurisdiction.
- d) Exposed wiring will not be covered until inspected.
- e) **Final approval shall be subject to on-site tests and inspections.**
- f) Voltage drop is adequate to operate all appliances.
- g) Battery supplies are capable of supporting the system modifications.
- h) Compatibility of appliances and devices are in accordance with the FACP manufacturer's specifications.

In addition, I understand the following is required:

- **Submit (3) copies of a sketch showing the area of work within the building's structure.**
- **Building fire protection system permit.**
- **Electrical permit.**
- **A copy of this document with a copy of the sketch attached shall be available for all inspections.**

Signature: _____ Date: _____

Print Name: _____