

AES PERMIT PROCESS

All permit applications for the installation of a Wireless Mesh Network (AES) radio communicator shall contain the following:

- Complete Electrical Permit application.
- Manufacturer's cut sheets of all proposed equipment to be installed (AES radio, IntelliTap, IntelliPro Fire, etc.).
- A Routing Table from a test radio at the site location prior to installation showing NetCon, link layer and signal strength. A minimum of two (2) "good" paths with a NetCon of 5 or less is required.
- Three (3) copies of a floor plan, no smaller than 11 by 17 inches, containing the following:
 1. Date, scale and north arrow;
 2. Name and address of the installation site;
 3. Name, address, phone number and contact person of the installing company;
 4. Scope of work to be performed;
 5. Name of the Central Station monitoring the system;
 6. Battery calculations showing 60-hours of battery backup or 24-hours for UL-Certificated systems;
 7. The size of the proposed battery (batteries in excess of 7.5 A/h require an additional battery box);
 8. Riser diagram showing all existing initiating zones reporting to the FACP and the new zone(s) created to supervise the AES radio;
 9. The proposed location of the AES radio;
 10. A smoke detector over the FACP/AES radio;
 11. A note indicating the AES radio is powered by a dedicated A/C power circuit with a breaker lock-on. AES radio and the FACP may share a dedicated circuit;
 12. A note indicating that a transformer cover is to be installed; and
 13. A note indicating the AES radio will be supervised (both audibly and visibly) for antenna cut, low battery and charger failure (J4 jumper) by the FACP on a separate zone/address.
- Addressable systems require an IntelliTap or IntelliPro Fire module for point ID transmission.
- An inspection request is required within 24 hours of energizing the AES radio.

NOTE

For installations to a UL Certificated system or in a mounting location other than a heated environment next to the FACP, there may be additional requirements.

Electrical Permit Application



Permit Number: _____

Assoc. Permits: _____

Please read and follow all instructions on your application, submittal checklists and/or applicable supplemental forms carefully. Staff will not process incomplete applications. Please print or type legibly.

Site Address/Subdivision & Lot No.:			Suite Number(s):
Property Owner/Occupant:			Phone:
Address:			Cell:
City:	State:	Zip:	Fax:
E-Mail:			
Contractor Name:			Phone:
Address:			Cell:
City:	State:	Zip:	Fax:
State Contractor's License No.:		City Business License No.:	
Contact Person, if different:			Phone:
E-Mail:			Cell:
FAIR MARKET VALUE FOR FIXTURES, MATERIALS, AND LABOR: \$			
Specific Type of Electrical Work (Plan review required for all unless otherwise noted):			
<input type="checkbox"/> Single-Family or Duplex (no plan review required), Service Size: _____ amps <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Generator <input type="checkbox"/> Medical, Institutional or School Facility			
Please complete as applicable (check, circle, and/or fill in):			
<input type="checkbox"/> New Building: _____ amps	<input type="checkbox"/> Addition: _____ amps	<input type="checkbox"/> Tenant Improvement	
<input type="checkbox"/> Temporary Power: _____ amps	<input type="checkbox"/> Service Change: _____ amps	<input type="checkbox"/> No. New Circuits: ____	
<input type="checkbox"/> Limited Low Voltage	<input type="checkbox"/> Portable Classroom/Mobile Home	<input type="checkbox"/> Sign	
<input type="checkbox"/> Pool/Hot Tub, Sauna or Spa	<input type="checkbox"/> Carnival (No. Concessions): _____	<input type="checkbox"/> Fire Alarm	
Description of Work:			
NOTICE			
<p>This permit becomes null and void if the authorized work has not been inspected by this department within 180 calendar days of issuance or for a period of 180 calendar days from the last inspection. The total life of this permit is limited to a maximum of 540 calendar days, provided it has not expired under the restrictions above. One extension request for 180 calendar days may be granted if a written request is submitted to the building official showing just cause before the expiration date.</p> <p>I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.</p>			
Print Name of Owner/Agent: _____			
Signature of Owner/Agent: _____			Date: _____