



OFFICE OF THE ILLINOIS  
STATE FIRE MARSHAL

"PARTNERING WITH THE FIRE SERVICE TO PROTECT ILLINOIS"

TECHNICAL SERVICES DIVISION  
PHONE: 312-814-8960 FAX: 312-814-3459 E-MAIL: [sfm.techservices@illinois.gov](mailto:sfm.techservices@illinois.gov)

**OSFM FIRE ALARM SUBMITTAL FORM**

Plans accompanied by this form should be submitted to:

**Office of the State Fire Marshal  
Technical Services Division  
James R. Thompson Center  
100 West Randolph Street - Suite 4-600  
Chicago, Illinois 60601**

**PROPERTY INFORMATION:**

Building Name \_\_\_\_\_  
Building Address \_\_\_\_\_ County: \_\_\_\_\_  
Owner Name \_\_\_\_\_  
Owner's Address \_\_\_\_\_  
Owner's Phone \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**SYSTEM DESIGNER/CONTRACTOR:**

Company Name \_\_\_\_\_  
Company Address \_\_\_\_\_  
Contact Person (Designer): \_\_\_\_\_  
Phone \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Local Fire Department** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Note:** If plans are forwarded by the local fire chief, an address and telephone number should be provided indicating who can answer OSFM questions about the plans and to whom the plan should be returned to when the review is completed

**BUILDING USE AND OCCUPANCY CLASSIFICATION - PER NFPA LIFE SAFETY CODE**

- Ambulatory health care \*     Day care center     Health care \*     Mercantile
- Apartment building     Day care home     Hotel/dormitory     One- or two-family dwelling
- Assembly     Detention and correctional     Industrial     Residential board and care
- Business     Educational\*\*     Lodging or rooming house     Storage

\* **These plans require review and approval from the Illinois Department of Public Health and should NOT be submitted to the OSFM**  
\*\* **Public school plans require review and approval from the Illinois School Board of Education and should NOT be submitted to the OSFM**

**REASON FOR FIRE ALARM INSTALLATION**

- Required by Life Safety Code     Required for equivalency, alternative level of protection, etc.
- Required by local ordinances     Not required, property owner voluntary safety improvements
- Other \_\_\_\_\_

Are there any known exceptions to the requirements of the NFPA Life Safety Code or to NFPA 72 included in this Fire Alarm System?     Yes     No

If "Yes" Please Explain in the notes section on last page

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**THE PLANS ARE FOR:**

- New building, new fire alarm system
- Retrofitting a new fire alarm system within an existing building
- Modifying an existing fire alarm system within an existing building
- Other \_\_\_\_\_

Square footage covered by the alarm system: \_\_\_\_\_

Number of stories in building:

- One  Two  Three  Four  "High Rise" (>75 ft.) Total # of Floors \_\_\_\_\_

Is there a basement?  Yes  No

The Fire Alarm System is located on what level of the building:

- Basement  First Floor  Second Floor  Third Floor  Fourth Floor Other \_\_\_\_\_

**ALARM SYSTEM TYPE (check all that apply)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Manual system             | <input type="checkbox"/> Point addressable system       | <input type="checkbox"/> Automatic smoke and fire detection |
| <input type="checkbox"/> Analog addressable system | <input type="checkbox"/> Manual and automatic detection | <input type="checkbox"/> Conventional zone system           |
| <input type="checkbox"/> Addressable system        | <input type="checkbox"/> Wireless system                |   |

**ALARM SYSTEM SUPERVISION - FIRE DEPARTMENT NOTIFICATION (check all that apply)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Central station system | <input type="checkbox"/> Proprietary system | <input type="checkbox"/> Remote station system |
| <input type="checkbox"/> Auxiliary system       | <input type="checkbox"/> Local Alarm        | <input type="checkbox"/> Other: _____          |

**FIRE PROTECTION AND LIFE SAFETY SYSTEMS INTEGRATED WITH ALARM SYSTEM (check all that apply)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Wet sprinkler system               | <input type="checkbox"/> Clean agent suppression systems        | <input type="checkbox"/> Smoke control exhaust                 |
| <input type="checkbox"/> Dry pipe sprinkler system          | <input type="checkbox"/> Kitchen suppression systems            | <input type="checkbox"/> Emergency generator supervision       |
| <input type="checkbox"/> Preaction sprinkler system         | <input type="checkbox"/> Private water supply supervision       | <input type="checkbox"/> Delayed egress unlocking devices      |
| <input type="checkbox"/> Deluge sprinkler system            | <input type="checkbox"/> Fire pump                              | <input type="checkbox"/> Elevator automatic recall             |
| <input type="checkbox"/> Standpipe                          | <input type="checkbox"/> Door hold-open release                 | <input type="checkbox"/> HVAC equipment                        |
| <input type="checkbox"/> Municipal water supply supervision | <input type="checkbox"/> Fire shutter hold-open release devices | <input type="checkbox"/> Smoke control stairway pressurization |
| <input type="checkbox"/> Sprinkler/standpipe supervision    | <input type="checkbox"/> Other _____                            |  |

**ALARM SIGNAL (CHECK ALL THAT APPLY)**

- |  |   |
|--|---|
| <input type="checkbox"/> Pre-alarm notification signal             | <input type="checkbox"/> Audible alarm signal |
| <input type="checkbox"/> Pre-recorded voice emergency notification | <input type="checkbox"/> Visual alarm signal  |
| <input type="checkbox"/> Manual paging emergency notification      | <input type="checkbox"/> Other _____          |

**ALARM ANNUNCIATION (check all that apply)**

- Fire alarm control panel  Remote annunciator(s)  Graphic panel

**LOCATION OF FIRE ALARM CONTROL PANEL AND ANNUNCIATORS**

- Are fire alarm control panel and annunciators located and accessible to emergency response personnel?
- Yes  No

**POWER EQUIPMENT FOR FIRE ALARM SYSTEM (check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> AC power source circuit breaker (Dedicated) | <input type="checkbox"/> Emergency generator |
| <input type="checkbox"/> Secondary Public Power Source               | <input type="checkbox"/> Other _____         |

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FIRE DEPARTMENT COMMUNICATION SYSTEM (check all that apply)

- Dedicated telephone, Bi-directional antenna (repeater) system, fire department (portable) radios, Dedicated phone jacks and portable handsets, Other

DOCUMENTATION

PROVIDE PRODUCT DATA SHEETS FOR THE FOLLOWING COMPONENTS OF THE FIRE ALARM SYSTEM

- Fire alarm control panel, Remote annunciators, Alarm, re-transmission equipment, Manual pull boxes, Smoke detection devices, Heat detection devices, Control modules, Wiring & Conduit, Audible notification devices, Visual notification devices, Exterior notification devices, Remote test devices, Protective covers, Relays, Power supplies, Power boosters, Standby batteries, Sprinkler waterflow switches, High/low water pressure switches, High/low air pressure switches, Sprinkler control valve tamper switches, Fire pump controllers

SUBMITTED PLANS AND DOCUMENTS SHALL CONTAIN THE FOLLOWING INFORMATION OR NOTE THE LOCATION OF THE FOLLOWING EQUIPMENT AND/OR DEVICES

- Legend of symbols & scale used, Room dimensions, Building elevations, Fire alarm circuits, Heat detection devices, Smoke detection devices, Duct smoke detection devices, Flame detection devices, Manual pull boxes, Notification audible devices, Notification visual devices, Exterior audible/visual devices, Candela rating of devices, F. D. communication devices, Fire alarm control panel, Fire alarm communications center, Remote annunciation, System riser diagram, F. A. system operational sequence, Standby battery calculations, Voltage drop calculations, Power supply calculations, Special hazards, System integration features

Total number of: Initiation devices \_\_\_\_\_ Warning devices \_\_\_\_\_

Signature of Submitter

Printed Name

Date

NOTES: (FOR ADDITIONAL NOTES AND COMMENTS USE ADDITIONAL SHEETS AS NECESSARY)

Blank lines for notes and comments.