City of St. Charles Fire Prevention Bureau
Fire Alarm or Communicator Installation/Modification/Repair

Building & Code Enforcement Division
2 East Main Street
St. Charles IL 60174
630/377-4406 (Office)
http://www.stcharlesil.gov
permits@stcharlesil.gov

Please direct any and all questions to the City of St. Charles Building & Code Enforcement Division: Monday through Friday (8 AM to 4:30 PM) at (630) 377-4406

Please direct system design questions to the Fire Prevention Bureau at (630) 377-4457

Fire Prevention Bureau approval is required prior to the modification/installation or substantial repair of an existing fire alarm system or fire alarm communicator in an industrial or commercial building. In the case of an emergency repair, contact the Fire Prevention Bureau for verbal approval to begin impairment remediation. The following are guidelines and requirements for obtaining a Fire Alarm or Communicator Installation/Modification/Repair permit.

Application and Drawing Procedures

- ❑ An Application for Permit for Fire Alarm or Communicator Modification/Installation/ Repair must be completely filled out and signed.
- ❑ Two (2) Sets of shop drawings.
- ❑ One (1) Set of specifications sheets (Cut sheets) for all components to include device manufacturer, model number, operational requirements and limitations, listing information shall be clearly identifiable or highlighted. Listing compatibility with existing equipment (if applicable) shall be indicated.
- ❑ One (1) Set of battery calculations.

Fees - Fees payable by cash, check, to the City of St. Charles or credit card (in Building & Code Office only)

- ❑ Review Fee (to be paid at time of submission of application and plans):
  - For Existing Fire Alarm System Modification or Panel Replacement:
    - $130.00 for 1-10 fire alarm devices
    - $175 for 10-20 fire alarm devices
    - $200 for greater than 20 fire alarm devices
  - Fire Alarm Communicator Modification of Replacement: $130
- ❑ Revised Plan Submittal Review Fee (due at time of revised submission): 50% of initial review fee
- ❑ Failed Test Reinspection Fee*: $130.00
- ❑ No Show/Not Ready Fee (15-minute grace period given)*: $130.00 per no show

*Additional field tests, reinspection fees and no-show fees shall be paid prior to scheduling the final Fire Department inspection required for the project.

Code References as adopted by the City of St Charles:

- St. Charles Municipal Code
- 2020 National Electrical Code w/amendments
- 2021 International Fire Code w/amendments
- IL Accessibility Code
- 2021 NFPA 101 Life Safety Code
- NFPA 72 National Fire Alarm & Signaling Code

Inspections – Included with Review Fee

- One (1) witnessed acceptance test.

Submittal Requirements and General Comments

1. Fire alarm shop drawings shall minimally include the following:
    a. Scale used for drawing.
    b. Shall contain the job title, site address and designer's name and certification number, and the address of project.
    c. Floor plans, clearly indicating the use and/or function of all rooms and areas, include overall dimensions of the building and/or each floor; the location of all alarm indicating, control, notification, annunciation or trouble signaling devices or equipment, device addresses; ceiling height, type of construction and elevations as needed to clearly indicate construction features; power connections – high and low voltage if applicable, and a wiring diagram including point-to-point connections for all equipment.
    d. A legend clearly identifying all device symbols.
    e. A single-line riser diagram of all devices, circuits, power connections and interfaces.
    f. A sequence of operation/ alarm matrix.
    g. A single-line riser diagram of all devices, circuits, power connections and interfaces.
    h. An annunciation schedule to include zone, type, floor, room identifier for emergency response.
    i. The interface of all fire safety control functions.
    j. Circuit class and styles.
    k. Provide a copy of the monitoring contract for the fire alarm system or a note included on the plan stating that the monitoring contract will be provided in the field at final inspection. Include emergency key holder information.
2. Submittal package shall be reviewed and approved, with a permit issued, PRIOR to starting work.
3. The approved set of stamped plans, including comments and conditions of approval issued by the fire code official shall be available on-site while work is being performed. (if applicable)
4. A Fire Prevention Bureau witnessed acceptance test will not be scheduled until all required fire alarm field testing is completed and all outstanding fire alarm inspection fees are paid.
5. Any deviations from the stamped plans require submittal for approval from the Fire Prevention Bureau. As-built drawings will be required at the time of the acceptance test.

Call (630) 377-4457 to schedule acceptance test or required inspections at least 48 hours before needed. Required inspections and permit conditions will be listed in the review letter.

CITY OF ST CHARLES
Application for Fire Alarm or Communicator Installation/Modification/Repair

DEPARTMENT: Fire Prevention Bureau **Phone: (630) 377-4457**

Date:_____ **Permit #:**_____ **Occupancy #:**_____

PLEASE PRINT ALL INFORMATION CLEARLY

Name of Contractor:_____

Illinois License No:_____ **Expiration Date:**_____

Project Address:_____
(must include suite/unit number)

Project Name:_____

Is this project new construction?_____

Scope of proposed work:_____

Number of Fire Alarm devices including FACU:_____

Project Building Permit Number (If applicable):_____

All items on the Checklist for Fire Alarm or Communicator Installation/Modification/Repair are to be submitted together to be considered a complete submittal. Applications missing submittal items will not be accepted.

- ❑ **Two (2) Sets of shop drawings.**
- ❑ **One (1) Set of specifications sheets for all components (Cut sheets) to include device manufacturer, model number, operational requirements and limitations, listing information shall be clearly identifiable or highlighted. Listing compatibility with existing equipment (if applicable) shall be indicated.**
- ❑ **One (1) Set of battery calculations (If required by the Fire Code Official).**
- ❑ **Review Fee is due at time of submittal. PAYABLE BY CASH, CHECK, TO THE CITY OF ST. CHARLES OR CREDIT CARD (IN BUILDING & CODE OFFICE ONLY).**
  - For Existing Fire Alarm System Modification or Panel Replacement:
    - $130.00 for 1-10 fire alarm devices
    - $175 for 10-20 fire alarm devices
    - $200 for greater than 20 fire alarm devices
  - Fire Alarm Communicator Modification of Replacement: $130
- ❑ **Indicate the number of fire alarm devices including the FACU or Communicator above.**

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Fire Alarm Contractor:

Company Name:_____

Address:_____

City/State/Zip Code:_____

Contact Name:_____

Contact Phone:_____

Contact Email:_____

Property Owner:

Company Name:_____

Address:_____

City/State/Zip Code:_____

Contact Name:_____

Contact Phone:_____

Contact Email:_____

Fire Alarm Communicator Contractor:

Company Name:_____

Address:_____

City/State/Zip Code:_____

Contact Name:_____

Contact Phone:_____

Contact Email:_____

General Contractor (If Applicable):

Company Name:_____

Address:_____

City/State/Zip Code:_____

Contact Name:_____

Contact Phone:_____

Contact Email:_____

I, the undersigned, certify that if a permit is issued to me, I will comply with all provisions of the building, fire, plumbing, electric and other applicable ordinances of the City of St. Charles and shall perform all work, or cause all work to be performed according to the provisions of said ordinances. I, or my agent, shall personally supervise the work and shall do, or cause to have done, said work according to plans, specifications and other written information supplied as a part of this application. I am familiar with the applicable ordinances and the provision thereof and in signing this application do willingly become responsible for all work accomplished under the permit by all contractors, tradesmen and workmen, and shall call for inspections as required at a minimum of 48-hours before they become due.

PRINT NAME:_____ **SIGNATURE:**_____

Building Division Approval:

Signed:_____ **Date:**_____