



PRESCOTT FIRE DEPARTMENT

1700 Iron Springs Road

Prescott, AZ 86305

928-777-1760 FAX 928-776-1890 TDD 928-445-6811

Fire Alarm Affidavit for Alterations

(1-5 Alarm Devices)

Project Name _____	Occupancy Name _____
Job Address _____	Type Of Construction _____
Suite _____ Contractor _____	Phone (____) _____

I _____ *certify that the following is true and*
(Please Print Name)
reasonably defines the scope of work for this project.

Plans shall include:

- Written scope of work.
- Graphical scope of work (floor plan).
- Symbol legend for applicable devices installed.
- Compatibility information for new devices and existing devices.
- End of line voltage readings for existing notification circuits effected.
- Current readings for each circuit on respective power supplies.
- Current limits for power supplies (per circuit total).
- Wiring class on new circuits (A or B).

In addition, I understand the following is required:

A sketch attached to this document showing the area of work within this building structure, and a copy of this document shall be available on site at the time of the inspection.

Signature _____ *Date:* _____