



NOTIFICATION FOR FIRE ALARM CONNECTION / ALTERATION

FC09

Fire Alarm Contractor Details:			
Name:			
Premise Details:			
Name:			
Street Address:			
Town/Suburb:		Postcode:	
Owner's Details:			
Name:			
Street Address:			
Town/Suburb:		Postcode:	

Please tick the appropriate box:

Alteration Only

New Fire Alarm

Sprinkler/Suppression System

Smoke/Thermal System

ASE Inputs Add/Remove*

FIP Make / Model _____

*** It is a requirement of AS1670.3 that any alteration to ASE inputs will require the connection of the fault and disable condition to also be connected to the ASE (if not already connected).**

.....
Alarm Contractor's Signature

.....
Signatory Full Name (please print)

.....
Position of Signatory

...../...../.....
Date

IMPORTANT

1. This application **MUST** be accompanied by an A4 size site plan depicting the location of any FIP and sprinkler control valves.
2. For new systems, a "SACFS Agreement to Connect" form, signed by the owner, must be forwarded.

Completed form to be sent to:

Fire Alarms Officer, SA Country Fire Service, L7 60 Waymouth St, ADELAIDE SA 5000

Email: alarms@sa.gov.au

For any enquiries regarding this application, please contact the SA Country Fire Service on (08) 8115 3300.

OFFICE USE ONLY	
Application No:	Date: