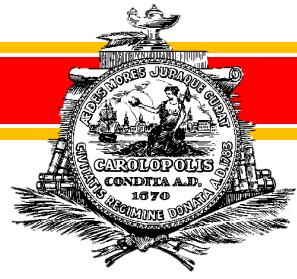


# CHARLESTON FIRE DEPARTMENT

## Fire Marshal Division



### Emergency Responder Radio Coverage System

Submit plans to:  
**Permit Center**  
**2 George Street, Charleston, SC 29401**

Master Bldg. Permit: #BC

ERRC Permit: #FP

Project Value: \$

Plan Review Level  
 (Office Use Only)      Level 3

#### Installation Location

Business/Location Name:	
Street Address:	Building/Suite:
Property Owner/Rep Name:	Owner/Rep. Contact Number:
Current use of structure:	Square Footage of Project Area:
Proposed use of structure:	

#### Installation Contractor Responsible for Emergency Responder Radio Coverage System

Contract company:	FCC License #:	Expiration Date:
Address:	City, State & Zip:	
Contact person name:	Contact Phone:	
Contact fax:	Contact E-mail:	
<input type="checkbox"/> Installing entire system <input type="checkbox"/> Wire Only (No Authorization required) <input type="checkbox"/> Leaky Cable System <input type="checkbox"/> BDA Only (Separate Permit No. required if connecting to previously installed wire) <input type="checkbox"/> Class A BDA Panel Replacement <input type="checkbox"/> Class B BDA Panel Replacement		

#### Emergency Responder Radio Coverage System Details

<input type="checkbox"/> New system in new building <input type="checkbox"/> New system in existing building <input type="checkbox"/> Replacement of existing, add reason in notes <input type="checkbox"/> Modification of existing, add reason in notes	Emergency Responder Radio System coverage: Per 2021 IFC, 2019 NFPA 1221 – Check all sections which apply to the new or existing design:  <input type="checkbox"/> Modification of existing, add reason in notes <input type="checkbox"/> Required BDA <input type="checkbox"/> Required Standby Power Supply <input type="checkbox"/> Pathway Survivability <input type="checkbox"/> Feeder and riser coaxial cables shall be routed in 2-hour rated enclosure <input type="checkbox"/> Copy of Palmetto 800 Retransmission Consent Authorization provided by SC Division of Technology Operations, Public Safety Communication Section – <b>For Entire Installation, BDA Installations, and BDA Panel Replacements</b> <input type="checkbox"/> Monitored by Listed Fire Alarm Control Unit <input type="checkbox"/> Radiating cable
Designers Information	
Name:	
Company:	
Phone:	
E-Mail:	
Qualifications (Ref. 2019 NFPA 72):	
Notes/Comments:	

# Emergency Responder Radio Coverage System Permit Application

## Plan Submittal Checklist

The following checklist is provided as a **summary of the minimum** information required before a review will be initiated. It is the contractor's responsibility to have a thorough working knowledge of the applicable ordinances, codes, and/or standards. Failure to provide the needed information will delay the review process.

1. Emergency Responder Radio Coverage System Application, 3 sets of prints, 1 set of documents (specs, etc.)
2. Name, address, phone, fax, e-mail, and FCC license number on the prints.
3. Creation date of plan, revision dates, point of compass, scale and graphic representation of scale.
4. Description of the scope of work.
5. Manufacturers cut sheets for all equipment, clearly indicating which models will be utilized.
6. Public Safety Signal Level Survey prior to system installation.
7. Floor plan(s) indicating all device locations and clearly identifying rooms, areas, etc.
8. 1-line diagram (riser), including power connection and conductor type and sizes, Fire Alarm Connection.
9. Battery and signal attenuation drop calculations.
10. Existing systems: Provide a copy of the most recent annual inspection report. (IFC 510.6.1)
11. Certification on in-building system training issued by an approved organization or approved school, or a certificate issued by the manufacturer for the equipment being installed. (IFC 510.5.2)
12. Copy of Palmetto 800 Retransmission Consent Authorization from SC Division of Technology Operations,

## Required Inspections

The following inspections are **minimum** and required during the project. Failure to call for an inspection may result in delays or require covered work to be uncovered for visual inspections: **1)** Rough-in inspection to be completed before wiring or wiring method is concealed, and/or before the installation of ceiling tiles or ceiling system. **2)** Final Inspection to include: a review of contractor's 100% self-inspection documentation, verification of device placement, functional test of system.

## Pre-Final Inspection Checklist

The contractor shall verify completion of the following items prior to scheduling the final inspection. Any item from this general list found outstanding at the time of the final will result in termination of the inspection and assessment of a re-inspection fee.

- o All equipment, devices, etc. have been installed per the submitted prints. Any deviations must be approved before acceptance testing and shall be noted on as-built drawings that will be provided to the inspector.
- o 100% pre-test has been completed and documented by the contractor.
- o Any mechanical/electrical systems have been reviewed and approved by the Building Department.
- o Contractor has current proper documentation indicating adequate training and qualifications to install the selected system, permit, stamped drawings, system manual(s), and needed testing equipment.
- o Provide a Record of Completion attesting to proper installation, copy to owner and inspector.
- o FCC Registration Number on the inside of the main cover.

A copy of the submittal package and the Record of Completion and FCC Registration shall be placed in a plan tube or binder marked "Emergency Responder Radio Coverage System Plans – Do Not Remove From Site" shall be installed at the BDA.

## Request for review and permit

I understand and agree that this permit is only for this project and provides authorization for the limited scope of work identified on the permit and the permit remains the property of the City of Charleston. By signing below, I certify that I am an authorized agent for the company performing the work stated above, appropriately trained and qualified for the scope of work proposed, and all information provided is true and correct. I understand that if any information provided is found to be incorrect or falsely stated that any permits granted from this application are immediately null and void. I agree to comply with the ordinances of this jurisdiction and to perform the work herein stated in accordance with the submitted plans, specifications, applicable codes and standards, and shall be responsible for any and all violations of state laws and local ordinances. I understand that any alteration or change in plans made without written approval subsequent to the issuance of the permit shall constitute grounds for revocation of such permit and that all work is subject to field inspections. Permit void if work is not started within six months of the date of issue or if work stops for a period of six months. All permits expire two years from the date of their issuance. Additional permits shall be required for any additional work not authorized under a permit issued for this application. Applicant is responsible for calling to schedule all required inspections.

Name of person making application

Signature

Date