



Lee Fire & Rescue Department

Chief of Department Scott M. Nemet • Assistant Chief Joseph P. Lombardo

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"Protecting Yours Like It's Ours"

DESIGN AFFIDAVIT

Fire Alarm System

Date: _____

Address of Installation: _____

Name

Street

City, State, Zip

Tax Map #: _____

Installing Contractor:

Designer: (if different)

Co. Name

Co. Name

Street

Street

City, State, Zip

City, State, Zip

Tel Fax

Tel Fax

The undersigned certifies that the system as designed conforms to the _____
edition of NFPA _____.

If not, areas of non-conformance for which we are applying for a variance are:

I have appropriate design expertise and authority to make this certification.

Attached is a list/copies of relevant training and certification in the field (2010-NFPA 72:10.4.3.2)

Signed: _____ Date: _____

Firm: _____ Telephone: _____

Fax: _____