

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0012300**  
**Insp Area: 2**

**Site Address: 5628 HAROLD WY SAC**  
Parcel No: 025-0055-008

Sub-Type: RES  
Housing (Y/N): N

**CONTRACTOR**  
ITES HEATING & AIR  
8390 GERBER RD  
SACRAMENTO, CA.

**OWNER**  
LOPEZ ALEX O & ANTONIA M  
8705  
ELK GROVE CA 95624

**ARCHITECT**

**Nature of Work: NEW HVAC SPLIT SYST & GAS LINE**

**CONSTRUCTION LENDING AGENCY:** I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C).

Lender's Name \_\_\_\_\_ Lender's Address \_\_\_\_\_

**LICENSED CONTRACTORS DECLARATION:** I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class CC License Number 591740 Date 10/16/00 Contractor Signature \_\_\_\_\_

**OWNER-BUILDER DECLARATION:** I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code: any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00):

\_\_\_\_ I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

\_\_\_\_ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

\_\_\_\_ I am exempt under Sec. \_\_\_\_\_ B & PC for this reason: \_\_\_\_\_

Date \_\_\_\_\_ Owner Signature \_\_\_\_\_

**IN ISSUING THIS BUILDING PERMIT,** the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 10/16/00 Applicant/Agent Signature \_\_\_\_\_

**WORKER'S COMPENSATION DECLARATION:** I hereby affirm under penalty of perjury one of the following declarations:

\_\_\_\_ I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

\_\_\_\_ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier LEGION INSURANCE CO Policy Number WC31189852 Exp Date 10/01/2000  
STATE FUND 1596812

\_\_\_\_ (This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 10/16/00 Applicant Signature \_\_\_\_\_

**WARNING:** FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

**THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.**

PERMIT NO.

0612300

CITY OF SACRAMENTO

1231 I ST. ROOM 200

BUILDING INSPECTIONS DIVISION

AREA NO.

212

WHEN CORRECTIONS HAVE BEEN MADE, CALL 264-5191 FOR REINSPECTION OF WORK.

JOB LOCATION

5628 HARZARD WAY

INSPECTION REQUESTED

HVAL FVAL

THE UNDERSIGNED  BUILDING  PLUMBING  MECHANICAL  ELECTRICAL  
INSPECTOR THIS DAY INSPECTED THIS STRUCTURE FOR THE REQUESTED INSPECTION AND FOUND THE FOLLOWING VIOLATIONS OF CITY AND/OR STATE LAWS GOVERNING SAME:

GAS TEST FAILED

CONDENSOR UNIT RATED FOR

25 AMPS. MAX. LABEL DISCONNECT

FVAL (30 AMPS INSIDE)

SERVICE PANEL - PROVIDE EXPOS

AT DEAD FRONT PANEL LABEL

PANEL. (BACK YARD)

FURNACE IN ATTIC O.K.

CUSTOMER DOES NOT HAVE TO

BE HAVE -

INSPECTOR

Kim Thompson

DATE

12/13/00

BUILDING INSPECTIONS 264-5716

INSPECTOR'S COPY

WHEN CORRECTIONS HAVE BEEN MADE, CALL 264-5191 FOR REINSPECTION OF WORK.

JOB LOCATION 5555 HAROLD WY

INSPECTION REQUESTED HVAC / PERMIT 9902611

THE UNDERSIGNED  BUILDING  PLUMBING  MECHANICAL  ELECTRICAL  
INSPECTOR THIS DAY INSPECTED THIS STRUCTURE FOR THE REQUESTED INSPECTION AND FOUND THE  
FOLLOWING VIOLATIONS OF CITY AND/OR STATE LAWS GOVERNING SAME:

① GAS TEST OK

② COMPLY WITH 1/4 DATED 12-13-00. AS OF  
THIS INSPECTION THESE ITEMS HAVE NOT BEEN  
CORRECTED.

③ PROVIDE ACCESS TO RESIDENCE FOR COMPLIANCE  
VERIFICATION FOR EGRESS WINDOWS AT BEDROOMS  
WHERE WINDOWS HAVE BEEN REMOVED. PERMIT  
# 9902611 HAS NOT BEEN FINISHED FOR  
WINDOWS / SIDING.

INSPECTOR

LEINER

DATE

12/14/00

PERMIT NO.

0012300

CITY OF SACRAMENTO  
1231 I ST. ROOM 200  
BUILDING INSPECTIONS DIVISION

AREA NO.

2

WHEN CORRECTIONS HAVE BEEN MADE, CALL 264-5191 FOR REINSPECTION OF WORK.

JOB LOCATION

5628 Auwahi

INSPECTION REQUESTED

Final (HVAC)

THE UNDERSIGNED  BUILDING  PLUMBING  MECHANICAL  ELECTRICAL  
INSPECTOR THIS DAY INSPECTED THIS STRUCTURE FOR THE REQUESTED INSPECTION AND FOUND THE FOLLOWING VIOLATIONS OF CITY AND/OR STATE LAWS GOVERNING SAME:

- ① Contractor is to pay a \$75.00 reinspection fee before the next inspection
- ② This is our 2nd trip to the job site since our first inspection
- ③ main service panel needs to have the AC breaker labeled

INSPECTOR

Romyani

DATE

12/20/00

BUILDING INSPECTIONS 264-5716

INSPECTOR'S COPY

**OWNER-BUILDER VERIFICATION**

**ATTENTION PROPERTY OWNER**

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed improvement (yes or no) \_\_\_\_\_

2. I (have/have not) \_\_\_\_\_ signed an application for a building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name \_\_\_\_\_ NO \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Contractors License No. \_\_\_\_\_

4. I plan to provide portions of the work, but I have hired the following person to coordinate, supervise, and provide the major work.

Name \_\_\_\_\_ NO \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Contractors License No. \_\_\_\_\_

5. I will provide some of the work but I have contracted (hired) the following to provide the work indicated:

Name	Address	Phone	Type of Work
------	---------	-------	--------------

	<u>NO</u>		
--	-----------	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

Signed Magdalena [Signature]

Job Address 5628 HAROLD WY, SACTO, 95820 Date 3/22/99

Permit No.: 9902611

# APPLICATION FOR COMMERCIAL BUILDING PERMIT

**CITY OF SACRAMENTO**  
**DEVELOPMENT SERVICES DIVISION**  
**PERMIT SERVICES SECTION**

1231 I Street, Rm. 200  
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # \_\_\_\_\_

Insp. Area \_\_\_\_\_

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 6001 Hollyhurst Wy, Sacramento, CA 95823 Suite \_\_\_\_\_  
 PARCEL # \_\_\_\_\_

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>Nadine Smith</u>                  Street Address <u>6001 Hollyhurst Wy</u>                  City/State/Zip <u>Sacramento</u>                  Phone <u>916-421-6264</u> FAX _____                  E-mail: _____</p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> <p>Name _____                  Address _____                  City/State/Zip _____                  Phone _____ FAX _____                  E-mail: _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name _____                  Address _____                  City/State/Zip _____                  Phone _____ FAX _____                  E-mail: _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name _____                  Address _____                  City/State/Zip _____                  Phone _____ FAX _____                  E-mail: _____</p>

→ Will permittee have any employees on the jobsite?  No  Yes → **INSURANCE CO:** \_\_\_\_\_  
 → **WORKER'S COMPENSATION POLICY #** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

NATURE OF WORK IN DETAIL: \* Putting in Bell Station

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ 130.5

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM( )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			BLDG	MECH	PLUMB	ELEC		SITE	FIRE	
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
						SPR	ALARM		[H]	[Quad]
B	L	P	M	E	F	S		D	PW	UTIL

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No  
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes) or no \_\_\_\_\_

2. I (have) have not) Nadene Smith signed an application for A building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name Dr. Volt Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Contractors License No. \_\_\_\_\_

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Contractors License No. \_\_\_\_\_

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

Name	Address	Phone	Type of work

Signed Nadene Smith

Job Address 6001 HOLLCURST WY

Permit No: 010 9612



# CARE FACILITY APPLICATION

PLAN CHECK NUMBER \_\_\_\_\_  
 DATE SUBMITTED \_\_\_\_\_  
 FACILITY NAME Smith's Dove Nest  
 FACILITY ADDRESS 6001 Hollyhurst Way  
 CITY & ZIP CODE Sacramento, CA 95823  
 OWNER'S NAME Nadine Smith  
 PHONE # 916-421-6264

**ISSUED**

JUL 27 2001

Sacramento Building Division

1. Occupancy (circle one) R-2.1 R-2.2 **R-2.2.1**  
 R-2.3 R-2.3.1

### For Official Use Only

2. Number of Occupants: 6  
 3. Number of Ambulatory: 6  
 4. Number of Non-Ambulatory: 0

5. Fire Sprinklered(circle one): Yes **No**  
 6. Complete Fire Alarm System (circle one): Yes **No**  
 7. Manual Pull & Horn Strobe (circle one): **Yes** No  
 8. Hard Wired (120 volt) Smoke Detectors (circle applicable below):

- 1. Ea Bed Rm** **2. Hallways** 3. Garage 4. Attic 5. Other

9. Each bed room provided with a smoke detector (Circle One): **Yes** No

FIRE ALARM  
HORN STROBE & PULL STATION

City Approval		
Discipline	Initials	Date
Fire	BJF	7-27-01
Life Safety		
Electrical		
Plumb/Mech		



# FACILITY SKETCH (Floor Plan)

Applicants are required to provide a sketch of the floor plan of the home or facility and outside yard. The floor sketch must label rooms such as the kitchen, bath, living room, etc. Circle the names of the rooms that will be used by staff/residents/clients/children. Door and window exits from the rooms must be shown in case of an emergency (see Emergency Disaster Plan). Show room sizes (e.g. 8.5 x 12). Keep close to scale. Use the space below. See back for yard sketch.

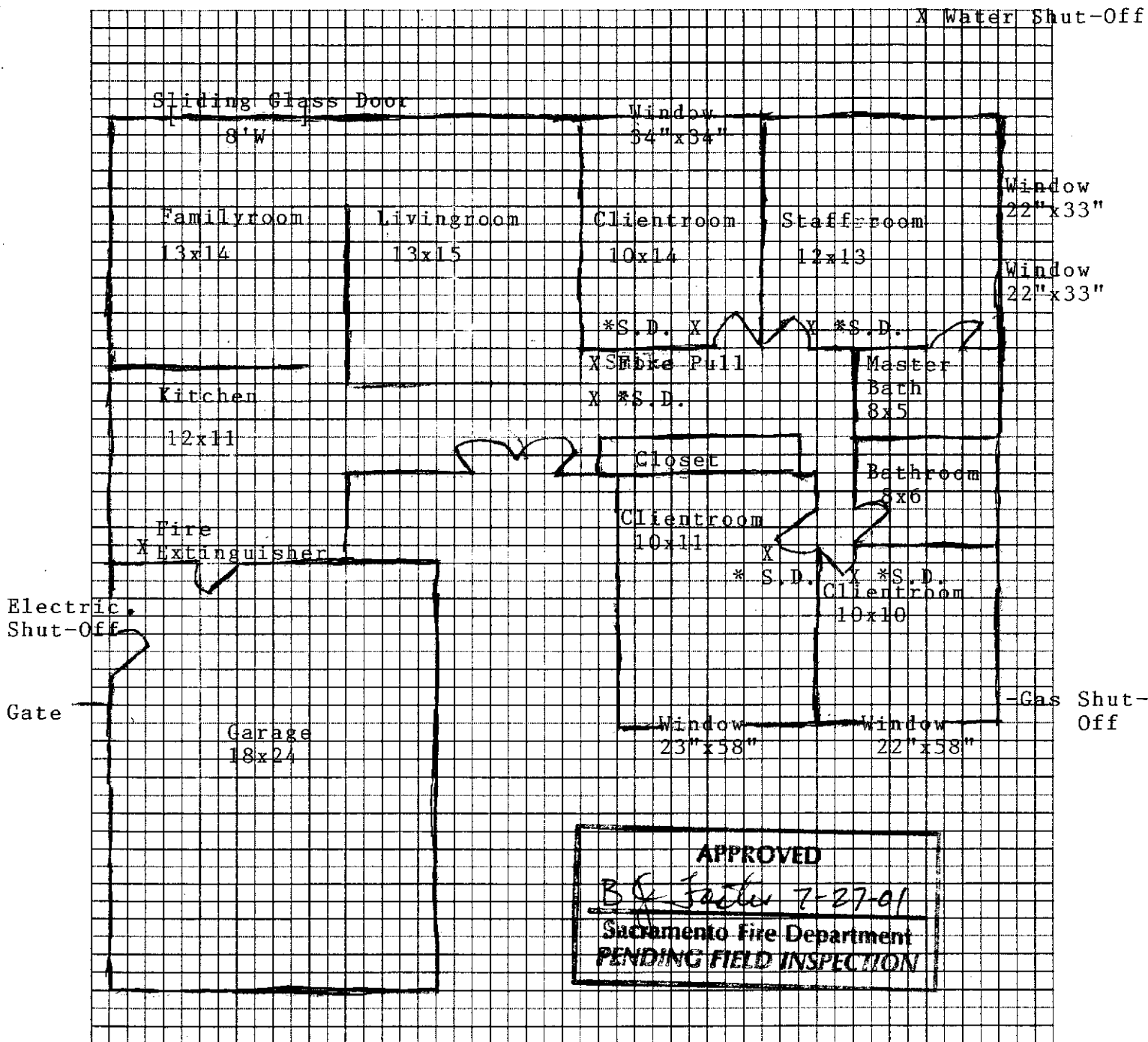
FACILITY NAME:

Smith's Dove Nest

ADDRESS:

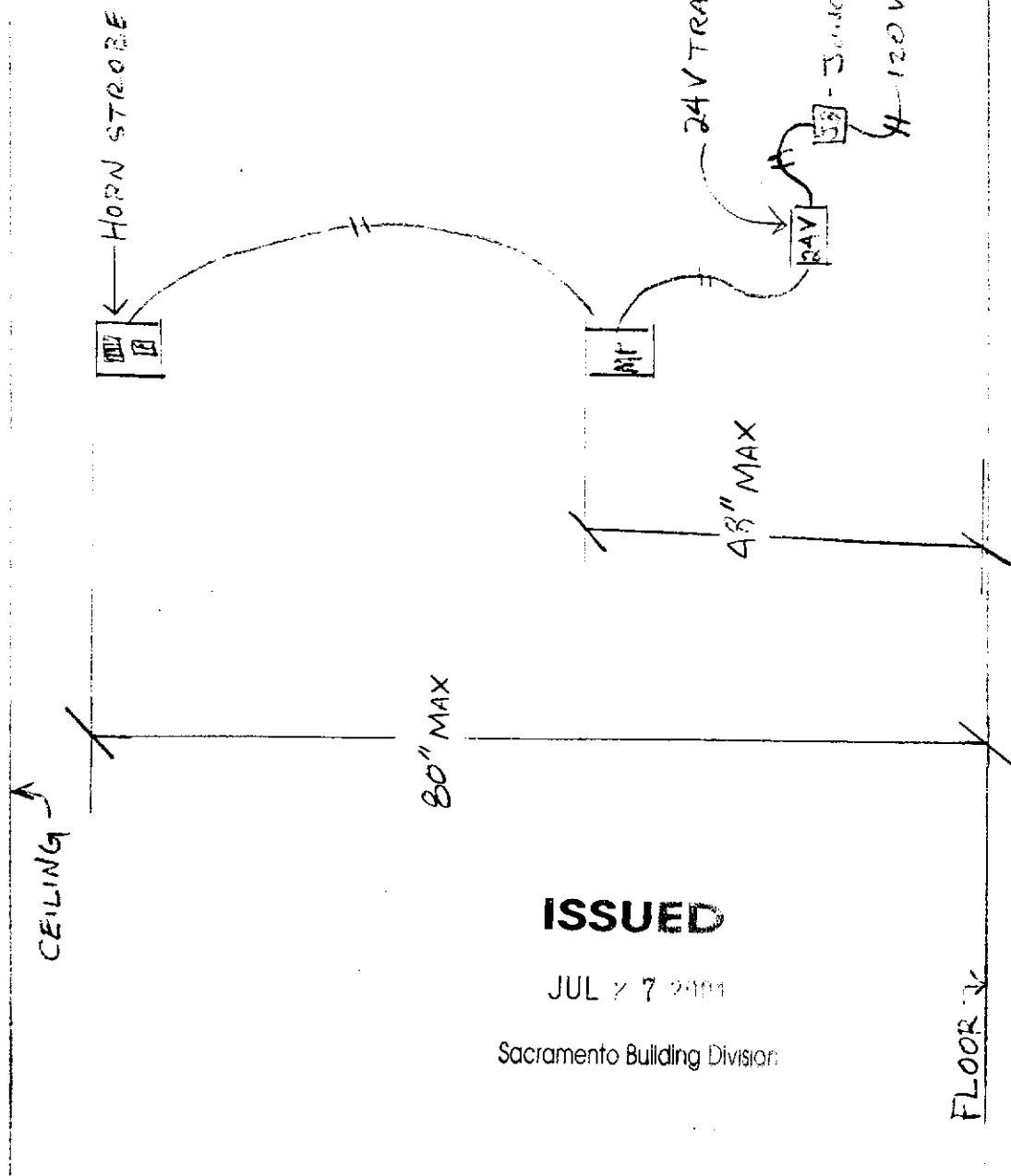
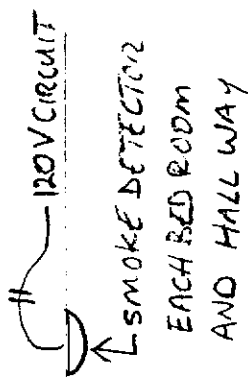
6001 Hollyhurst Wy., Sacramento, CA 95823

\*S.D.=Smoke Detector



**APPROVED**  
*B. G. Fisher 7-27-01*  
 Sacramento Fire Department  
**PENDING FIELD INSPECTION**

**ISSUED**



CENTRALLY PLACE MANUAL PULL  
AND HORN STROBE NEAR THE  
MAIN EXIT.

**ISSUED**

JUL 7 7 2001

Sacramento Building Division

FACILITY NAME: Smith's Dove Nest  
ADDRESS/CITY: 6001 Hollyhurst Wy. Sacramento, CA 95823  
OWNER/PHONE NO: 916-421-6264

# Edwards® Fire Alarm Stations

## CAT. NO. 270 SERIES MANUAL SINGLE ACTION

- UL LISTED
- BREAK GLASS TYPE

### FEATURES

SPO and DPO Models UL listed • 270-SPO California State Fire Marshal Listed • Open or closed circuit • Simple to test • Single action • May be surface mounted on P-027193 cast back box or P-039250 steel back box. For weather-proof surface mount backbox order Cat. No. 1291. See page E32 for conduit provisions) • Die cast station painted red, with silver painted strips. • Mounts on 4" sq. box with single gang plaster cover • Overall depth of 2 1/2".

### APPLICATIONS

Fire alarm systems in schools, hospitals, factories, industrial applications.

## CAT. NO. 278B SERIES MANUAL DUAL ACTION

- UL AND CSFM LISTED
- BREAK GLASS TYPE

### FEATURES

The 278B-1110 is UL and California State Fire Marshal listed and is available as a normally open circuit device. This dual action pull station is molded from Lexan and is supplied with screw terminals for easy field connection. A tool operated reset feature is supplied standard. The unit may be mounted semi-flush using a 4" square back box and plaster cover with a single gang opening having an overall minimum depth of 2 1/4" or may be surface mounted to a 276B-RSB backbox.

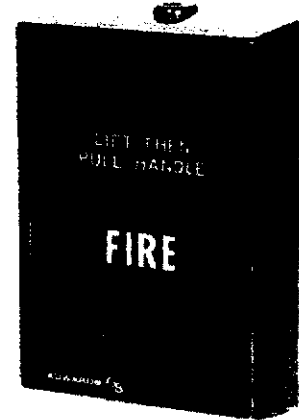
### APPLICATIONS

General alarm contacts for fire alarm systems in schools, hospitals, factories and industrial applications. The contacts are rated 3 amps resistance load at 30VAC and 1 amp resistance load at 28VDC.

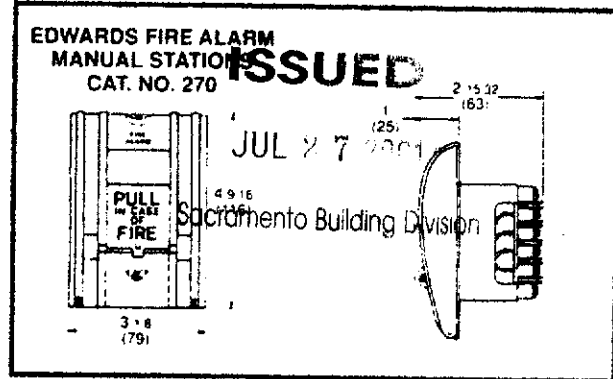
**DANGER** — These devices will not operate without electrical power, and fires often cause cutoffs of electrical power. These devices do not contain a battery backup power supply. If the electrical circuit feeding the device is cut, or is not providing power for any reason, the device will not initiate any warning of a fire or emergency. Nor will it provide any warning that it is not functioning.



Cat. No. 270

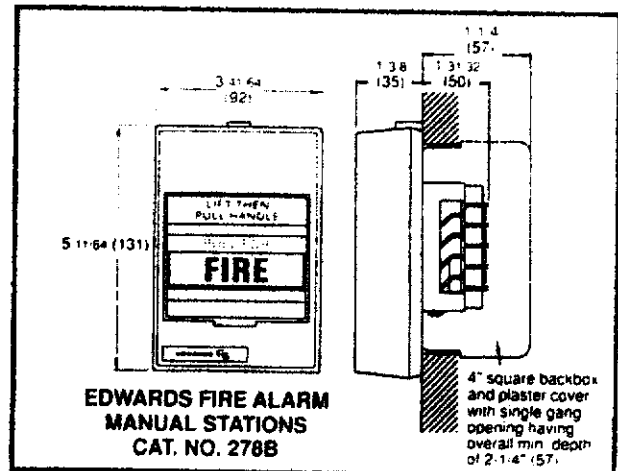


Cat. No. 278B



Cat. No.	Description	Contact Rating		Dimensions		
		Amps	Volts	H	W	D
270-SPO*	Single pole normally open	3.0	125V AC	4 9/16" (116)	3 1/8" (79)	1" (25)
270-SPC*	Single pole normally closed	1.5	250V AC			
270-DPO*	Double pole normally open	1.5	125V AC			
		0.5	250V AC			

\*For replacement rods order 270-GLR (package of 20).



\*For replacement rods order 276-GLR (package of 20).

Cat. No.	Description	Contact Rating		Dimensions		
		Amps	Volts	H	W	D
278B-1110	Dual Action Normally Open	3.0	30V AC	5 1/8" (131)	3 1/8" (92)	1 1/4" (35)

Specifications subject to change without notice.



CALIFORNIA DEPARTMENT OF FORESTRY & FIRE PROTECTION  
OFFICE OF THE STATE FIRE MARSHAL  
FIRE ENGINEERING - BUILDING MATERIALS LISTING PROGRAM



# LISTING SERVICE

**LISTING No.** 7150-1388:121

Page 1 of 1

**CATEGORY:** Boxes/Pull Stations

**LISTEE:** GS Building Systems, 8411 Parkland Drive, Sarasota, FL 34243  
Contact: Leon Newsome (941) 738-4276

**DESIGN:** Models 270, 270P, 270-SPO, 270A-SPO, \*270-DPO, 270A-DPO, 270-DOC, 278B, 277B, 278B, 279B, 279TC, 279P, 279T, 279L, 5966B, 5966DN, 5966BV, 5966BRV, 6296B-270, 6296B-K279, 6296B-T279, 8557-B301, 8557-B311, 8558-B301, 8558-B311 and 8558-B312 manual pull stations. Refer to listee's data sheet for detailed product description and operational considerations.

**INSTALLATION:** In accordance with listee's printed installation instructions, applicable codes and ordinances and in a manner acceptable to the authority having jurisdiction.

**MARKING:** Model designation, electrical rating, UL label and one of the following name brands: Edwards, Edwards Systems Technology (EST), Mitron, Fire Alarm and Systems Technology (FAST) or Alarm Industry Products (AIP).

**APPROVAL:** Listed as non-coded fire alarm pull stations for use with separately listed compatible fire alarm control units.

- NOTE:**
1. Formerly 7150-0073:117
  2. Models provided with two-wire lead and normally closed switch contacts are not approved for fire alarm signaling use

## ISSUED

JUL 7 2000

Sacramento Building Division

\*Rev. 08-11-99



This listing is based upon technical data submitted by the applicant. CSFM Fire Engineering staff has reviewed the data and its accuracy. While staff has reviewed the data, it does not make an independent verification of any claims. This listing is not an endorsement or recommendation of the item listed. This listing should not be used to verify correct operational requirements or installation criteria. Refer to listee's data sheet, installation instructions and/or other suitable information sources.

Date Issued: **JUNE 2, 2000**  
Effective issue date to expiration date

Authorized By:

**Listing Expires June 30, 2001**

**BEN HO, Supervising Deputy  
Program Manager**

Table 2: dBA and Current Ratings for Audible Portion of Multitone Appliances With Strobes

Tone	Input Current <sup>1</sup> AMPS @ 24 VDC		Input Current <sup>1</sup> AMPS @ 12 VDC		Input Current <sup>2</sup> AMPS @ 115 VAC		Typical Anechoic <sup>3</sup> dBA at 10 Feet		Rated Reverberant dBA <sup>4</sup> at 10 Feet Per UL 464			
	HI	STD	HI	STD	HI	STD	At Nominal Input Voltage		At Minimal Input Voltage		At Nominal Input Voltage	
							HI	STD	HI	STD	HI	STD
Horn	0.040	0.023	0.100	0.020	0.050	0.040	99	93	85	79	88	82
Bell	0.014	0.012	0.031	0.010	0.040	0.038	92	87	79	75	82	75
March Time Horn	0.040	0.023	0.100	0.023	0.050	0.040	99	93	82	75	85	79
Code-3 Horn	0.040	0.023	0.100	0.020	0.050	0.040	99	93	79	75	82	75
Code-3 Tone	0.028	0.017	0.060	0.015	0.042	0.038	95	90	75	70	79	73
Slow Whoop	0.048	0.026	0.100	0.025	0.050	0.040	99	94	82	75	85	79
Siren	0.036	0.023	0.082	0.020	0.045	0.040	98	93	82	75	85	79
H/Lc	0.020	0.014	0.044	0.012	0.041	0.039	93	88	79	75	82	75

NOTES

1. Add 25% more input current than shown in Tables 1 and 2 when operating the unit at maximum input voltage. Rated input voltage (either filtered DC or unfiltered full-wave rectified (FWR)); Strobes are designed to flash at 1 flash per second minimum from 20-31 VDC (for 24 VDC models), or 12-15.5 VDC (for 12 VDC models). Note that ADA guidelines presently specify a flash rate of 1 to 3 flashes per second and NFPA-72 (1996) specifies a flash rate of 1 to 2 flashes per second. Check the minimum and maximum output of the power supply and standby battery and subtract the voltage drop from the circuit wiring resistance to determine the applied voltage to the strobes.
2. 115 VAC models have been UL tested to operate from 99 VAC to 132 VAC. Strobe candela at -35° Centigrade is reduced to 7.5 candelas.
3. Anechoic dBA is measured on axis in a non-reflective (free field) test room using fast meter response. For peak dBA (measured with peak meter response), add 6 dBA to typical anechoic values shown in Table 1 and 2.
4. Reverberant dBA is a minimum UL rating based on sound power measurements in a reverberant test room.

\* **WARNING: MULTITONE STROBE MODELS SET ON "CODE-3 TONE" WITH "STANDARD dBA" DO NOT MEET THE 75 dBA MINIMUM UL REVERBERANT SOUND LEVEL REQUIRED FOR PUBLIC MODE FIRE PROTECTION SERVICE (NOTED BY \* IN TABLE 2). MODELS WITH SETTINGS WHICH PRODUCE LESS THAN 75 dBA MAY NOT BE HEARD. THIS SETTING IS ACCEPTABLE ONLY FOR GENERAL SIGNALING (NON-FIRE ALARM) USE. USE THE "HIGH" dBA SETTING WITH THIS TONE OR USE A DIFFERENT TONE FOR PUBLIC MODE OPERATION.**

Alarm Tones

Tone	Pattern Description	Tone	Pattern Description
Horn	Horn (Continuous)	Code-3 Tone	500 Hz (ANSI S3.41 Temporal Pattern)
Bell	1580 Hz Modulated (0.7 sec. ON, Repeat)	Slow Whoop	500-1200 Hz Sweep (4.0 sec. ON, 0.5 sec. OFF, Repeat)
March Time Horn	Horn (0.25 sec. ON, 0.25 sec. OFF, Repeat)	Siren	600-1200 Hz Sweep (1.0 sec. ON, Repeat)
Code-3 Horn	Horn (ANSI S3.41 Temporal Pattern)	H/Lc	1000/800 Hz (0.25 sec. ON, Alternate)

MT Strobe models are UL 1971 Listed for indoor use with a temperature range of 32° F to 120° F (0° C to 49° C) and maximum humidity of 85%. A MT-24-WM strobe models for outdoor use are listed for -31° F to 150° F (-35° C to 56° C) and maximum humidity of 95%.

NOTE: The letters SL and SLM denote synchronized models

When calculating the maximum inrush or peak current, use Table D on page 60 to determine the highest value of Rated Inrush Current or "Rated Peak Current" (whichever is higher) for the SM or DSM strobes (the expected operating voltage range) then add that value to the total inrush or peak currents from any other appliances including audible appliances, on that circuit, and include any required safety factors. For the duration of the maximum sync module inrush or peak current refer to the most current instruction sheet.

NOTE: If the strobe and audible operate on the same circuit, add the strobe current from Ordering Information or Table B on page 60 to the proper audible current from Table 2.

Average current per actual Wheelock Product on testing at 10.5, 12, 15.5, 20, 24 & 31 VDC nominal voltage. For rated average, peak and inrush currents across the listed voltage ranges for both filtered DC and full wave rectified (PWR), see Table D on page 60 or most current Installation Instruction (refer to Fax-On-Demand listing in this catalog). Refer to Data Sheet S7000 for Mounting Options or page 55 of this catalog.

\*\*\* Strobe is listed for UL 1638 only

SM Sync Modules are rated for 3.0 amperes at 12/24 VDC; DSM Dual Circuit Modules are rated for 3.0 amperes per circuit. The maximum

NOTE: MT w/ SLM (15/75 cd) Strobe should be used for applications requiring either a 15 cd or 15/75 cd synchronized strobe appliance. Synchronization requires the Series SM or DSM Sync Module.

Ordering Information

MT and MT4 models can be used with Wheelock's R6SP-2410W-FR (Non-Sync/Sync) strobe/pole assembly for 110 candelas strobe applications.

Model Number	Order Code	Input Voltage	Rated Candela	Average* Strobe Current (AMPS)	Mounting** Options
MT-12/24-R	5023	12/24	---	---	E, F, L, M, O, Z
MT-24-LS-VFR	5183	24	15	.074	E, F, L, M, O
MT-24-LSM-VFR	5182	24	15/75	.100	E, F, L, M, O
MT-24-SLM-VFR*	6307	24	15/75	.138	E, F, L, M, O
MT-24-MS-VFR	5321	24	30	.124	E, F, L, M, O
MT-24-IS-VFR	5355	24	75	.200	E, F, L, M, O
MT-24-WM-VFR***	5025	24	117	.088	E, F, L, M, O
MT-12-LSM-VFR	5683	12	15/75	.210	E, F, L, M, O
MT4-115-R	6223	115 VAC	---	---	O, J, K, C, R, Z
MT4-115-WH-VFR***	6224	115 VAC	15	.060	O, J, K, C, R, Z
SYNC MODULE***					
SM-12/24-R	6369	12		.014	E, N
		24		.025	E, N
DSM-12/24-R	6374	12		.020	W
		24		.038	W

SEE PAGE 2 FOR GENERAL AND TECHNICAL NOTES.

ISSUE

JUL 97

wheelock

Sacramento Building

CALIFORNIA DEPARTMENT OF FORESTRY & FIRE PROTECTION  
OFFICE OF THE STATE FIRE MARSHAL  
FIRE ENGINEERING - BUILDING MATERIALS LISTING PROGRAM

# LISTING SERVICE

LISTING No. 7125-0785:122

Page 1 of 1

CATEGORY: Fire Alarm Devices for the Hearing Impaired

LISTEE: Wheelock Inc., 273 Branchport Avenue, Long Branch, NJ 07740  
Contact: Luy Nguyen (732) 222-6880 Fax (732) 222-8707

DESIGN: Model **MT** and **MT4** Series Multitone Strobe Horns with the following suffixes:

**12** (10.5-15.6 VDC) or **24** (20-31 VDC)

**No suffix** (60 flashes/min) or **L** (20 flashes/min)

**LS** or **SL** (15cd), **LSM** or **SLM** (15cd/75cd), **MS** (30cd), **IS** (75cd), **HSPW** or **SHPW** (110cd)

Units may follow by suffixes to designate orientation, lettering and plate color. Refer to listee's data sheet for additional detailed product description and operational considerations.

INSTALLATION: In accordance with listee's printed installation instructions, applicable codes and ordinances and in a manner acceptable to the authority having jurisdiction. Models using LSM, SLM, SHPW or HSPW strobes are for wall mount only. Other units are suitable for wall or ceiling mount.

MARKING: Listee's name, model number, electrical/candela rating and UL label.

APPROVAL: Listed as horn/multi-tone horn strobes devices suitable for the hearing impaired when used in conjunction with separately listed electrically compatible fire alarm control units. For indoor use only. Model with suffix SL, SLM or SHPW employs a synchronized strobe and must be used with Model SCM-24 sync control module.

\*These appliances can produce a distinctive three pulse Temporal Pattern Fire Alarm Evacuation Signal (for total evacuation) in accordance with NFPA 72, 1993 Edition.

\*Corrected 01-19-99



This listing is based upon technical data submitted by the applicant. CSFM Fire Engineering staff has reviewed the test results and/or other data but does not make an independent verification of any claims. This listing is not an endorsement or recommendation of the item listed. This listing should not be used to verify correct operational requirements or installation criteria. Refer to listee's data sheet, installation instructions and/or other suitable information sources.

Date Issued: **MAY 24, 2001**

Listing Expires **June 30, 2002**

Authorized By: **BEN HO**, Supervising Deputy  
Program Manager

**ISSUE**

JUL 7

Sacramento Building Division