

Fire Alarm Application



Permit Number: _____	Building Valuation: _____
Project Name: _____	Zoning District: _____
Project Address: _____	Square Foot: _____
Project Description: Fire Alarm <input type="checkbox"/> Fire Sprinkler <input type="checkbox"/> Must Provide 2 Complete Sets of Plans	

Owner Information: _____	
Name: _____	Contact Person: _____
Address: _____	
Phone Number: _____	Fax Number: _____ Mobile Number: _____

Fire Alarm Contractor	Contact Person	Phone #: Email:	Contractor License Number
Fire Sprinkler Contractor	Contact Person	Phone #: Email:	Contractor License Number

It shall be unlawful to use or occupy or permit the use or occupancy of any building or premises created, erected, changed, converted or altered or enlarged in its use or structure until a Certificate of Occupancy shall have been issued by the administrative official. A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. All permits require final inspection.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: _____ **Date:** _____

OFFICE USE ONLY:

Approved by: _____	Date Approved: _____
Fire Alarm Plan Review Fee: _____	Total Permit Fee: _____
Fire Alarm Inspection Fee: _____	Issued Date: _____
Fire Sprinkler Plan Review Fee: _____	Issued By: _____
Fire Sprinkler Inspection Fee: _____	BV Project #: _____