

# FIRE ALARM / SUPPRESSION PERMIT APPLICATION

## TYPE OR PRINT ALL INFORMATION

| Fire Alarm / Suppression Permit # Check # |      |  |           | Am | ount |
|---|------|--|-----------|----|------|
|   |      |  |           | r  |      |
| Job Title/Tenant's Name                   |      |  | Telephone | (  | )    |
| ADDRESS OF JOB                            |      |  |           |    |      |
| Address                                   |      |  |           |    |      |
| City                                      |      |  | State     |    | Zip  |
| CONTRACTOR                                |      |  |           |    |      |
| Contractor                                |      |  | Telephone | (  | )    |
| Contact Name                              |      |  | Fax       | (  | )    |
| Address                                   | City |  | State     |    | Zip  |
| PROPERTY OWNER OF RECORD (If known)       |      |  |           |    |      |

| Address |       |  |     | Telephone | ( ) |     |
|---------|-------|--|-----|-----------|-----|-----|
| City    | State |  | Zip |           | FAX | ( ) |

### Indicate Number of Devices to be Installed or Altered:

| <b>DETECTORS</b><br>Area Smoke | (Smoke/Heat)<br>Duct Smoke | MANUAL PULL<br>STATIONS | Other<br>(Flow Sw./Door Hlds/Etc. | TOTAL DEVICES |
|--------------------------------|----------------------------|-------------------------|-----------------------------------|---------------|
|                                |                            |                         |                                   |               |

### Indicate Number of Devices to be Installed or Altered:

| Sprinkler Heads              |  |
|------------------------------|--|
| Limited Area Sprinkler Heads |  |
| Standpipes                   |  |

| Independent Suppress Systems                |  |  |
|---|--|--|
| (Wet or Dry Chemical, Carbon Dioxide, Etc.) |  |  |
| Specify Type:                               |  |  |
| # of System                                 |  |  |

- PLEASE NOTE: 1 inspection per plans review fee! Each sequential inspection will be at a cost of \$125.00
- **CANCELLATIONS:** You must notify the Fire Prevention Bureau Plans Review Section at 645-8673 prior to 8:00am (day of inspection) or a \$125.00 fee will be assessed.

### • SEE PLANS REVIEW FEE SCHEDULE FOR PRICING INFORMATION.

If you have any questions regarding this form, please call (614) 645-8673. Incomplete information may result in rejection of submittal.