Permitting and Inspections Department Michael A. Russell, MS, Director

Fire Alarm Permit Application

| Construction Address: | |
|------------------------------------------------------------------------------------------------------------|------------------------------------|
| Total Square Footage of Proposed Structure: | |
| Tax Assessor's Chart, Block & Lot Chart# Block# Lot# | Applicant Name: |
| | Address: |
| Cost of Work: \$ | Phone: |
| | Email: |
| Lessee/Owner Name (if different): | Contractor Name (if different): |
| Address: | Address: |
| Phone: | Phone: |
| Email: | Email: |
| Current use (i.e. single family): | |
| If vacant, what was the previous use? | |
| Proposed specific use: | |
| Is property part of a subdivision? If yes, name: | |
| Project description: | |
| Life Safety Code Occupancy Classification: | |
| Is this new work or a renovation to an existing system? | |
| Is the top occupiable floor of the building greater than 75 feet above the lowest level of Fire Department | |
| access (high-rise)? | |
| Name of company providing programming and certification of system*: | |
| Electrical permit #: | |
| Will a master box be installed? Yes No If yes, complete all items for approval): | |
| AES approved installing contractor: | |
| Documentation of AES approval: | |
| Property Owner: | |
| Property Owner Billing Address: | |
| Property common name: | |
| E-911 address for protected premises: | |
| Emergency contact phone: A | dditional emergency contact phone: |
| Number of stories protected: | |
| Is the building protected by a supervised, automa | tic sprinkler system? Yes No |
| Name of person to contact when the permit is ready: | |
| Address: | |
| City, State & Zip: | |
| Email Address: | Phone: |