



Office hours: Mon – Thurs: 9am – 4pm.
 Fri and after hours: By appointment only.
 Availability of prevention personnel being in the office during regularly scheduled hours is subject to fire prevention duties as assigned.

Life Safety System Permit Application

Permit Number: _____

| | | |
|--------------------------------|-----------------------------------|------------|
| Job Address: | Project and Building Name: | |
| General Contractor | Email Address | Cell Phone |
| Fire Alarm Contractor | Email Address | Cell Phone |
| Fire Sprinkler Contractor | Email Address | Cell Phone |
| BDA Contractor | Email Address | Cell Phone |
| Dry Hydrant/Cistern Installer: | Email Address | Cell Phone |
| Valuation of Work: | | |
| Special Conditions: | | |

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| <p style="text-align: center;">Notice!!! Read Before Signing</p> <p>This permit becomes null and void if work or construction authorized is not commenced within 180 days or if construction is suspended or abandoned for a period of 180 days at any time after work is commenced.</p> <p>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 shall be complied with whether specified herein 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. I have read and understand the No Work Without Permit Policy.</p> <hr style="border: 0.5px solid black;"/> <p>Signature of Contractor _____ Date _____</p> | Form of Payment | |
| | Total Fee | Check Number |
| | Application accepted by: | Approved for issuance by: |
| | Date: | Date: |