



FIRE ALARM/SPRINKLER SYSTEM INSTALLATION PERMIT

Project Title/ Location name: _____

Permit Address/Location: _____

Permit Applicant: _____

Address: _____

Business Phone: _____ Emergency Phone: _____

Email: _____ Fax: _____

TYPE OF PERMIT

- FIRE ALARM SYSTEM**
 - Review Date: _____
 - Rough-in inspection Date: _____
 - Final inspection Date: _____
- SPRINKLER SYSTEM**
 - Review Date: _____
 - Rough-in inspection Date: _____
 - Final inspection Date: _____

Additional Information Concerning the Permit: _____

Issued By: _____ **Date:** _____