



Fire Alarm/Sprinkler System Permit

Job Address: _____

Date: _____

Company Name: _____

Contact Name: _____

Contact Phone #: _____

Contact e-mail: _____

Fire Alarm _____ Sprinkler _____

Description of the work to be done:

Please submit 3 sets of plans along with any supporting documentation.

FEES	
Square Feet _____	X \$0.02 = _____
	+
Base Fee =	<u>\$15.00</u>
Total =	_____

Applicant Signature

Building Official/Fire Marshal