DATE: _____

BUILDING PERMIT #: _____
Original Submittal _____Resubmittal_____

CITY OF EDMOND FIRE CODE SERVICES
FIRE ALARM SYSTEM PERMIT APPLICATION

Applicant Name _____ Contact Name _____

Mailing Address _____ City _____ State _____ Zip _____

Office Phone_____Other Phone_____Fax_____

E-Mail Address _____

Designer Name _____ Phone _____
(If Different From Above)

Project Name _____

Project Address _____

Please Check If:

Commercial ☐ Residential ☐
New System ☐ Modification to Existing System ☐
Required System ☐ Monitored System ☐

Occupancy Type _____ Total Square Feet _____

Panel Manufacturer _____ Model _____

System Installed Per _____
(Applicable Code) (Edition)

System Consists Of:
(Check all applicable)

☐ Flow Switch ☐ Tamper Switches
☐ Pull Stations ☐ Smoke Detectors
☐ Heat Detectors ☐ Horn Only
☐ Strobe Only ☐ Horn / Strobes
☐ Special Detectors (Flame, Beam, IR, Etc.)

SIGNATURE _____ DATE _____

Note: Completed application should include a minimum of two (2) sets of plans

◆ City of Edmond Building & Fire Code Services ◆ 10 S. Littler, PO Box 2970 Edmond, OK 73034 ◆
◆ Ph (405) 359-4667 ◆ Fax (405) 359-4703 ◆ www.edmondok.com ◆
For Inspection Requests please call: (405) 216-7400