Rev 01/07

DATE: _____ BUILDING PERMIT #: _____

CITY OF EDMOND BUILDING DEPARTMENT
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 Department • 10 S. Littler, PO Box 2970
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For Inspection Requests please call: (405) 216-7400