CITY OF CUT AND SHOOT

Fire Alarm / Fire Sprinkler Application

Permit Number: _____ **Valuation** _____

Project Name: _____

Project Address: _____ **Square Foot:** _____

Project Description: **FIRE ALARM** ☐ **FIRE SPRINKLER** ☐

Plans my be submitted by Courier, Fedex or Email

Owner Information: _____

Name: _____ **Contact Person:** _____

Address: _____

Phone Number: _____ **Mobile Numbe** _____ **Email:** _____

Fire Alarm Contractor	Contact Person	Phone Number & Emaill	Contractor License Number ☐
Fire Sprinkler Contractor	Contact Person	Phone Number & Email	Contractor License Number ☐

It shall be unlawful to use or occupy or permit the use or occupancy of any building or premises created, erected, changed, converted or altered or enlarged in its use or structure until a Certificate of Occupancy shall have been issued by the administrative official. A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. All permits require final inspection.

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 will be complied with whether specified 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.

Signature of Applicant: _____ **Date:** _____

OFFICE USE ONLY:

Approved by:		**Date Approved:**	

Fire Alarm Plan Review Fee: _____ **Total Permit Fee:** _____

Fire Alarm Inspection Fee: _____ **Issued Date:** _____

Fire Sprinkler Plan Review Fee: _____ **Issued By:** _____

Fire Sprinkler Inspection Fee: _____ BV Project # _____