



# VILLAGE PERMIT APPLICATION-FIRE RELATED SYSTEMS & EQUIPMENT

Permit Number(s) \_\_\_\_\_

### Property Information

Address of Project		Suite No:	
PIN #		<b>Project Value (Required):</b>	

### Tenant Information

Name	
------	--

### Owner Information

Name	
Address	
Zip Code	
Phone #	
Email	

### Fire System Contractor

### Electrical Contractor

Name		Name	
Address		Address	
City/State/Zip		City/State/Zip	
Phone #		Phone #	
Email		Email	

### Permit Type (select one)

<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Tank Removal	<input type="checkbox"/> Operational _____	
<input type="checkbox"/> Sprinkler System	<input type="checkbox"/> Tank Repairs	<input type="checkbox"/> General Review	
<input type="checkbox"/> Hood and Duct	<input type="checkbox"/> Fire Pump	<input type="checkbox"/> Fire Suppression _____	
<input type="checkbox"/> Tank Installation	<input type="checkbox"/> Stand Pipes	Square Footage _____ No. of Heads/Devices _____	
<b>▼▼FOR OFFICE USE ONLY▼▼</b>			
Plan Review Fee	\$	Electrical Fee	\$
Hydro Test	\$	Acceptance Test	\$
Inspection	\$	Operational License	\$
Rough Sprinkler Inspection	\$		\$

**FEE TOTAL**

Applicant's Printed Name \_\_\_\_\_

Company \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_

Your signature indicates your comprehension and acknowledgment of all application information