

## **Community Development**

**BUILDING SAFETY DIVISION** 

115 E. Washington St., PO BOX 3157 Bloomington, IL 61702-3157 Phone: 309-434-2226 comdev@cityblm.org

## **Fire Alarm Permit Application**

(CIRCLE ON	E)	RESIDENTIAL		COMMERCIAL		
(CIRCLE ONE)		NEW CONSTRUCTION		REPLACEMENT	ADDITION	
Site Addr Business (if applicabl Scope of	Name:		Unit #:		Office Use Only Application Number: Permit Issued: Permit Number: Permit Ready to Issue: Permit Fee: Contacted: Phone	Email
					Application Date:	
					Anticipated Start:	
Is this part of a larger project?				Application End Date:		
Applicant (check one)		Name	Address		Email	Phone
	Owner Proper					
	Alarm Contract					
	Electric Contract					
	Genera Contract					
		Requi	red Items t	to be Submitted k	oy Applicant	
Complete Set of Plans						
Yes	No	Is this monitoring a Sprinkler System				
Yes	No	Knox Box, If Yes, Location:				
		Type of System:				
		Number of Devices:				
Cost of	Work:					

## **Contractor/Applicant Signature:**



- PLEASE ATTACH PLANS / SKETCHES TO THIS APPLICATION.
- PERMITS MUST BE OBTAINED BEFORE WORK BEGINS.
- SUBMISSION OF THIS FORM DOES NOT GUARANTEE OR GRANT APPROVAL TO START WORK.
- ACCEPTANCE OF PAYMENT DOES NOT CONSTITUTE A PERMIT.
- APPLICATION VOID IF WORK IS NOT STARTED WITHIN 6-MONTHS AFTER PERMIT ISSUANCE.