

APPLICATION FOR FIRE ALARM / DETECTION AND SUPPRESSION SYSTEM PERMIT



City of Warren Building Code Department

318 West Third Avenue - Warren, PA 16365

Phone (814)723-6300 - Fax (814) 723-3242

www.cityofwarrenpa.gov

PROPERTY INFORMATION

Address: _____ City, Borough or Township: _____
(Please Circle)

OWNER: _____ Phone: _____

Mailing Address: _____ Cell: _____

City: _____ State: _____ Zip: _____ Email: _____

ARCHITECT/ENGINEER: _____ Phone: _____

Contact Name: _____ Fax: _____

Mailing Address: _____ Cell: _____

City: _____ State: _____ Zip: _____ Email: _____

PA License #: _____

CONTRACTOR: _____ Phone: _____

Contact Name: _____ Fax: _____

Mailing Address: _____ Cell: _____

City: _____ State: _____ Zip: _____ Email: _____

DESCRIPTION OF WORK FIRE ALARM/SMOKE/HEAT/ or PULL DETECTION Number of devices _____

FIRE SUPPRESSION Type of system: Wet Dry Limited Area Halogenated Ansul

Type and number of heads: Upright _____ Pendant _____ Sidewall _____

STANDPIPE & OTHER CONNECTIONS: (List sizes)

Standpipes _____ Fire Hose Connection _____ Fire Pump _____ Fire Dept. Connections _____

The applicant certifies that all information on this application is correct and that the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the local governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations. The applicant certifies he/she will contact the Building Code Department to schedule all required inspections prior to covering and permit inspection personnel to enter areas covered by such permit at reasonable times to enforce the provisions of the code(s) applicable to such permit.

Applicant Signature: _____ Date: _____

***** A 24 HOUR ADVANCED NOTICE IS REQUIRED WHEN SCHEDULING AN INSPECTION *****

OFFICE USE ONLY - THIS IS YOUR RECEIPT FOR PAYMENT

Permit Approved? Yes No By: _____ Date: _____

Permit Fee: \$ _____ Payment Type: Cash Check Permit No: _____