

APPLICATION FOR FIRE ALARM SYSTEM

Planning & Zoning Department, O'Fallon City Hall
255 South Lincoln Avenue, 2nd Floor
O'Fallon, IL 62269 Phone (618)624-4500 #4

(Do not write in this space -- For office use only)

Date: _____, _____

() Permit issue No. _____

() Permit denied

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INSTRUCTIONS TO APPLICANTS: All information required by the application must be completed and submitted herewith. Applicants are encouraged to visit the Planning & Zoning Office for any assistance needed in completing this form.

1. Name of property owner(s): _____ Phone: _____

Complete mailing address: _____

E-Mail: _____ Fax: _____

2. Applicant's name: _____ Phone: _____

Complete mailing address: _____

E-Mail: _____ Fax: _____

3. Property interest of applicant (Owner, Contractor, etc.): _____

4. Design professional name: _____ Phone: _____

Contact name: _____

Illinois Design Professional License #: _____

Complete mailing address: _____

E-Mail: _____ Fax: _____

5. Property address (9-1-1 approved) of proposed construction: _____

Name and description of proposed type of business: _____

6. () New building (type of structure): _____

() Tenant finish or remodel: _____

7. Total cost of work to be completed: _____

The permit must be issued and paid for prior to installation of fire alarm system.

(Applicant) _____

Dated: _____, _____

Planning & Zoning Official, City of O'Fallon, Illinois