



Fire Alarm/Sprinkler System Permit Application

New/Replacement System Alteration/Modification of Existing System

Property Information

Referenced Building Permit Number (when applicable): _____

Permit Address: _____

Name of Business/Organization: _____

Owner/Responsible Party: _____

Telephone: _____ Fax: _____ Email: _____

Contractor Information

**Must be registered with the City of Dickinson*

Installation Company Name: _____

Company Address: _____

Installer: _____ Installer State License#: _____

Telephone: _____ Fax: _____ Email: _____

Designer/Engineer Information

Designer/Engineer: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Plans Engineer Certified Yes No

*** The Applicant shall be responsible to ensure that design specifications and plans are complete and in compliance with the requirements of the International Fire Code and applicable NFPA Standards.

Applicant Printed Name Applicant Signature Date

Approved Approved As Noted (Construction May Proceed)

Revise & Resubmit Rejected (**Resubmission Required**)

Fire Marshal: _____ Date: _____

OFFICE USE ONLY		
Permit#: _____		Issue Date: _____
Fire Alarm Control Panel _____	Smoke Detectors _____	Alarm Notification (Strobes/Horns) _____
Remote Annunciators _____	Heat Detectors _____	
Manual Pull Stations _____	Duct Detectors _____	Tamper/Flow Devices _____
Heads/Nozzles _____	Risers _____	FDC _____