



SPRING VALLEY
VILLAGE

FIRE ALARM PERMIT APPLICATION

PROPERTY/OWNER INFORMATION

Project Address:	Master Permit#:
Owner Name:	Phone#:
Owner Address:	

CONTRACTOR INFORMATION

Contractor Name:	Phone#:
Contractor Address:	
Email:	License#:

PROJECT INFORMATION

Class of Work: New Addition Alteration Repair

Fees: Permit Issuance Fee (\$75) 0-10 Devices (\$75) 11-25 Devices (\$100) 26-100 Devices (\$150)

101-200 Devices (\$300) 201-600 Devices (\$450) Over 600 Devices (\$600 plus \$1.50 each additional device)

	Quantity		Quantity
<input type="checkbox"/> Access Control	_____	<input type="checkbox"/> Power Supply Panels	_____
<input type="checkbox"/> Alarm Panels	_____	<input type="checkbox"/> Pull Stations	_____
<input type="checkbox"/> Alarm Signal Devices	_____	<input type="checkbox"/> Smoke Detectors	_____
<input type="checkbox"/> Audio Visual	_____	<input type="checkbox"/> Strobes	_____
<input type="checkbox"/> Heat Detectors	_____	<input type="checkbox"/> Supervisory Devices	_____
<input type="checkbox"/> Horn	_____	<input type="checkbox"/> Tamper Switches	_____
<input type="checkbox"/> Other Devices	_____	<input type="checkbox"/> Water Flow Switches	_____

Total Number of Devices: _____

PROPERTY OWNER/AGENT AUTHORIZATION

Property Owner Consent/Agent Authorization: By my signature, I hereby affirm that I am the property owner of record, or if the applicant is an organization or business entity, that authorization has been granted to represent the owner, organization or business in this application. I certify that the preceding information is complete and accurate, and it is understood that I agree to the application being requested for this property. Additionally, my signature below indicates my awareness of the fee required at the time of the application submittal and any additional fees as noted in the City's fee schedule. This fee is non-refundable even in the event of application withdrawal. I have the power to authorize and hereby grant permission for City of Spring Valley Village officials to enter the property on official business as part of the application process.

Signature of Contractor/Authorized Agent	Printed Name	Application Date
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FOR OFFICE USE ONLY

Building Permit Number: _____	Date Submitted: _____
Approved By: _____	Date Approved: _____