

Permit # _____

SANGER



FIRE ALARM SYSTEM PERMIT APPLICATION

****PLEASE SUBMIT 3 SETS OF PLANS****

Date: _____

Property Address: _____

Property Owner: _____ Phone: _____

Contractor: _____

Contractor Address: _____

City, State, Zip: _____

Phone Number: _____

Registered with City YES / NO - Registration #: _____

Signature of Applicant

Date

Permit Accepted (does not guarantee approval)

Date

Approval (Fire Marshal)

Date

CASH / Check # _____

Date Paid

Permit #: _____