

FIRE ALARM / FIRE SUPPRESSION PERMIT APPLICATION

CITY OF CRYSTAL LAKE

100 W. Woodstock Street, Crystal Lake, IL 60014

815-356-3605

Business Owners Name: _____

Construction address: _____

Business Name: _____

\$ Amount: _____

Type of Building: Multi-Family Office Commercial Industrial Type of Work: New Addition Alteration

Describe proposed work: _____

Please fill in all applicable Building Counts, but leave all shaded areas blank. Fees will be calculated at permit issuance.

Building Counts	Fees	Building Counts	Fees
Fire Alarm System Value: \$		Fire Suppression System Value: \$	
No. of Fire Alarm System Devices:		Fire Sprinkler System Type:	
Fire Sprinkler System Connection to City water main:		No. of Fire Sprinkler Heads: Hydraulic Non-Hydraulic	
Miscellaneous:		Hood Suppression System Type:	
Miscellaneous:		No. of Hood Suppression Heads:	

In consideration of this application and attached forms being made a part thereof and the issuance of permit, I will comply with the rules and regulations set forth in the City of Crystal Lake Codes and Ordinances and that all work performed under said permit will be in accordance with the approved plans and specifications which accompany this application.

The person (RESPONSIBLE PARTY) signing this agreement on behalf of the owner(s) represents to the City that he/she they are acting in such capacity under the express consent and authority given to them by the owners of the property, which is the subject matter of this permit.

CONTRACTOR NAME

RESPONSIBLE PARTY: Sign Name

Print Name

Date

Relationship to Project

Email

Phone No.

OFFICE USE ONLY:

FIRE DEPT APPROVAL : Sign Name

Date

Permit No.

Plan Reviewer:

Date Received: