

## **Application for Fire Alarm System Permit**

Project Address	Description of work to be done
Business Name	Licensed Contractor
Business Address	License #
Business City State Zip	License Expiration Date
City, State, Zip	On Site Contact Person
Business Phone #	Cell #
stem in strict accordance with current NFI ty of Plainview pertaining thereto. All fire bject to inspection by the City of Plainview	e alarm system installations or repairs are
Si	gnature
	Date
Si	gnature
	ignature CE USE ONLY