

ALAMANCE COUNTY FIRE ALARM PERMIT APPLICATION

Master Permit Number _____

PROPERTY INFORMATION

Property Address _____ City, State, Zip Code _____

Property Owner Name _____ Property Owner Phone _____

Utility Owner Name _____ Utility Owner Phone _____

Subdivision Name _____ Subdivision Lot Number _____

Geographic Parcel Identification Number _____ Tax Map Number _____

Census Tract _____ Township _____

Jurisdiction _____ Zoning _____

- | | | | | |
|------------------------------------|-------------------------------------|--|--|---|
| <input type="checkbox"/> Watershed | <input type="checkbox"/> Flood Zone | <input type="checkbox"/> Flood Certification | <input type="checkbox"/> Farm District | <input type="checkbox"/> Corner Lot |
| Water Type: | <input type="checkbox"/> City Water | <input type="checkbox"/> New Well | <input type="checkbox"/> Existing Well | <input type="checkbox"/> Community Well |
| Sewage Type: | <input type="checkbox"/> City Sewer | <input type="checkbox"/> New Septic | <input type="checkbox"/> Existing Septic | |

CONTRACTOR INFORMATION

Contractor Name _____ Contractor Phone _____

Contractor Street Address _____ City, State, Zip Code _____

County Control Number _____ North Carolina License Number _____

- Owner is Contractor Owner Occupied

BUILDING INFORMATION

Work Description _____

Construction Cost _____ Square Feet _____

- | | | | | |
|------------------------|--|---|---|--|
| Building Use: | <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Farm | |
| Building Type: | <input type="checkbox"/> New | <input type="checkbox"/> Existing | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Modular Home |
| Occupancy Type: | <input type="checkbox"/> 1 or 2 Family | <input type="checkbox"/> Apartments (3 or more) | <input type="checkbox"/> Assembly | <input type="checkbox"/> Assisted Living |
| | <input type="checkbox"/> Business | <input type="checkbox"/> Educational | <input type="checkbox"/> Factory/Industrial | <input type="checkbox"/> High Hazard |
| | <input type="checkbox"/> Hotel | <input type="checkbox"/> Institutional | <input type="checkbox"/> Mercantile | <input type="checkbox"/> Storage |
| | <input type="checkbox"/> Utility/Maintenance | | | |

A photo ID is required to accompany all applicant signatures

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ALARM INFORMATION

Designed/Sealed by NC Engineer

Alarms: Local Alarm Monitored Alarm

Alarm Type: Addressable Zone High Rise Number of Zones_____

Detectors: Smoke Heat Duct Rate of Rise

Activation: Manual Pull Stations Bells/Horns Strobe Lights Extinguish System Switch

I hereby certify that all information in this application is correct and all work will comply with the N.C. State Building Code and all other applicable state, local laws, ordinances, and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Applicant Printed Name_____ Applicant Phone_____

Applicant Signature_____ Date_____

A photo ID is required to accompany all applicant signatures