

EAGLE COUNTY BUILDING DEPT

www.eaglecounty.us



EAGLE COUNTY, COLORADO

FIRE ALARM PERMIT APPLICATION

Jurisdiction of EAGLE COUNTY

Permit # _____

EAGLE OFFICE

P.O. Box 179, 500 Broadway

Eagle, CO 81631

Phone: (970) 328-8730

Fax: (970) 328-7185

Inspection IVR Line: 1(866) 701-3307

EL JEBEL OFFICE

20 Eagle County Drive, El Jebel, CO 81623

Phone: (970) 328-7673

Inspection IVR Line: 1(866) 701-3307

PLEASE MAKE CHECKS PAYABLE TO: "EAGLE COUNTY BUILDING DEPARTMENT"

| | | | |
|--------------|--|----------|--|
| JOB ADDRESS: | | PARCEL # | |
|--------------|--|----------|--|

| | | | | |
|--------------|---------------|--------|--------------------------|--------------|
| LOT / UNIT # | BLOCK / BLDG# | FILING | SUBDIVISION / CONDO NAME | TAX DISTRICT |
|--------------|---------------|--------|--------------------------|--------------|

| | | | |
|---|--|---|--|
| OWNER: | | FIRE ALARM CONTRACTOR: | |
| MAILING ADDRESS: | | CONTACT PERSON: | |
| PHONE: | | MAILING ADDRESS: | |
| FAX: | | PHONE/ CELL PHONE: | |
| E-MAIL ADDRESS | | FAX: | |
| ENGINEER/ LICENSE #: | | E-MAIL ADDRESS: | |
| PHONE: | | | |
| FAX/ E-MAIL ADDRESS: | | | |
| CLASS: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE | | TRANSFER PERMIT: <input type="checkbox"/> YES <input type="checkbox"/> NO | |

DESCRIPTION OF WORK:

ALARM SYSTEM

| | |
|--|--|
| TYPE OF SYSTEM: | |
| MONITORED SYSTEM: <input type="checkbox"/> YES <input type="checkbox"/> NO | |

VALUATION OF WORK: \$

SPECIAL CONDITIONS:

NOTICE: READ BEFORE SIGNING

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, MECHANICAL (HEATING, VENTILATING OR AIR CONDITIONING). THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONTRACTOR (DATE)

SIGNATURE OF OWNER (IF OWNER BUILDER) (DATE)

FORM OF PAYMENT

| | | |
|-------------------------|------------------|-------------------|
| PERMIT FEE | RECEIPT NO. | |
| PLAN CHECK FEE | CHECK NO. | |
| TOTAL FEE | OTHER | |
| APPLICATION RECEIVED BY | PLANS CHECKED BY | APPROVED ISSUANCE |
| DATE | DATE | DATE |