



**City of Elko
Fire Department**

911 Idaho St., Elko, NV 89801
Phone (775) 777-7345 Fax (775) 777-7359
www.ci.elko.nv.us/pubsafety/fire.htm

FIRE ALARM PERMIT APPLICATION
SUBMIT THREE COMPLETE SETS OF PLANS (2 WET STAMPED)

Application Date _____ **APN** _____ **Permit No.** _____

Please provide the following information. Only complete applications can be accepted.

PROJECT / TENANT INFORMATION		
Name:	Purpose for Installation: <input type="checkbox"/> Existing Fire Sprinkler / Ansul system monitoring <input type="checkbox"/> Required System per IFC & Occupancy Type <input type="checkbox"/> Insurance Purposes <input type="checkbox"/> Owner Request <input type="checkbox"/> Other:	
Address:		
Type of Construction:		
Building Sprinklered? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Valuation:		
Square Footage of Entire Building :	Square Footage to be Alarmed:	
System Type: <input type="checkbox"/> Form NFPA72 (partial systems not permitted)		
CONTRACTOR / ENGINEER INFORMATION		
Name:	NV License No.	
Address: City, State, Zip:		
Office Phone:	Cell Phone:	Please circle preferred method of contact
Fax Number:	e-mail:	
APPLICANT INFORMATION		
Company Name:	Employee Name:	
Address:		
City, State, Zip:		
Office Phone:	Cell Phone:	Please circle preferred method of contact
Fax Number:	e-mail:	
REQUIRED ALARM PLAN SUBMITTAL CHECKLIST		
<input type="checkbox"/> Clear Site Plan	<input type="checkbox"/> Battery Calcs	
<input type="checkbox"/> Full Building Floor Plan	<input type="checkbox"/> Product Cut Sheets	

Estimated Valuation	Occupancy type
Square Footage	Occupancy Load

By signing this application, I certify that the above information is true and correct to the best of my knowledge and that I have authority and permission to submit this application.

Applicant Name – Printed

Applicant Signature

Date