FOR OFFICE USE ONLY

PERMIT #_____

# JOHNSON COUNTY CONSOLIDATED FIRE DISTRICT NO. 2

## APPLICATION FOR FIRE DISTRICT PLAN REVIEW/PERMIT - Fire Alarm System

PLEASE PRINT

**DATE:** **PLANS:** ☐ **HARD COPY** ☐ **PDF/DIGITAL COPY**

| **SECTION A: SITE INFORMATION** | | | |
|---|---|---|---|
| Name of Building/Site: | | Name of Lessee: | |
| Site Address: | | | |
| Building Owner: | | Contact Name: | |
| Owner Address: | | | |
| Owner Contact Phone #: | | Owner Email: | |

**SECTION B: PROJECT AND BUILDING INFORMATION**

☐ Protection System Modification/Installation ➡ Number of floors

☐ Fire Alarm System ➡ Are there duct detectors in the rooftop units? ☐ Yes ☐ No

Anticipated Start/Finish Date of Project: Start: Finish:

| **SECTION C: APPLICANT AND CONTRACTOR INFORMATION** | | | |
|---|---|---|---|
| General Contractor: | | Email: | |
| Contractor Address: | | Phone: | |
| | | | |
| Applicant's Company Name: | | | |
| Contact Person: | | Position: | |
| Contact Phone: | | Email: | |

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