



# BENSALEM TOWNSHIP

Fire Marshal's Office

Office (215) 633-3617 • Fax (215) 633-3662  
For Inspections Call (215) 633-3644



## Fire Alarm and Detection System Permit Application

INSTALLATION COMPANY	
Company Name	_____
Contact Name	_____
Address	_____
City, State, ZIP	_____
Phone No.	_____
Fax No.	_____
Email Address	_____
FP License #	_____

OWNER INFORMATION	
Name	_____
Phone/Fax No.	_____
INSTALLATION LOCATION	
Address	_____
Business Name	_____
Phone/Fax No.	_____

CERTIFICATION IN LIEU OF OATH		
I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.		
_____	_____	_____
<i>Name</i>	<i>Signature</i>	<i>Date</i>

TYPE OF INSTALLATION	TYPE OF ALARM
<input type="checkbox"/> New	<input type="checkbox"/> Manual
<input type="checkbox"/> Addition	<input type="checkbox"/> Automatic
<input type="checkbox"/> Repair	<input type="checkbox"/> Sprinkler Monitoring
<input type="checkbox"/> Alteration/Repair	<b>ALL ALARMS SHALL BE ADDRESSABLE WITH POINT ID</b>
<input type="checkbox"/> EXISTING BUILDING	<input type="checkbox"/> NEW CONSTRUCTION

INSTALLATION SPECIFICATIONS		
No. Smoke Detectors _____	No. Horn Strobes _____	No. Duct Detectors _____
No. Heat Detectors _____	No. Auxiliary Panels _____	No. Annunciator Panels _____
No. Knox Boxes _____	No. Back-Up Power _____	No. Water Flow Switches _____
No. Power Supply _____	No. Pull Stations _____	No. Tamper Valve Switches _____
No. Other (describe below) _____	No. Strobes _____	

Project Cost \$ \_\_\_\_\_

Interconnecting to Other Systems: \_\_\_\_\_

Monitoring Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Electrical Approved :	<input type="checkbox"/> YES	<input type="checkbox"/> NO	FEE \$ _____
Fire Official Approved:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	FEE \$ _____

\_\_\_\_\_  
*Signature of Fire Official*

\_\_\_\_\_  
*Date*

Notes: \_\_\_\_\_