



Fire Alarm Permit

CITY OF BARTLESVILLE

New Existing

Installation Address: Suite No. Floor Date received ___ / ___ / ___

Business Name: Multi-Story Yes No Strip Mall Yes No

Owner Information

Property Owner Address

City State Zip

Phone # Fax # E-Mail

Contractor Information -- State of Oklahoma and Bartlesville License Required

Installation Contractor Address License #

City State Zip

Phone # Fax # E-Mail

Alarm Monitoring Company Information

Alarm Monitored By: Address License #

City State Zip

Phone # Fax # E-Mail

Alarm Information

Type of Reporting System: Local , Remote , Combination

Annunciator Panel: Manned , Unmanned

of Pull Stations _____ # of Heat Detectors _____ # of Audible Visual Units _____

of Visual Units Only _____ # of Audible Units Only _____

Alarm Operation to be: Manual or Automatic

Applicant Phone: Office ___ - ___ - ___ Cell: ___ - ___ - ___ Applicant: _____ Date _____

Applicant Address: E-Mail Address

ALARM INSTALLATION APPROVED By _____ DENIED By _____

CITY OF BARTLESVILLE OFFICIAL

Official Signature _____ Title _____ Date ___ / ___ / ___