



FIRE ALARM APPLICATION

CITY OF HIGHLAND PARK

www.highlandparkmi.gov



CITY OF HIGHLAND PARK
BUILDING DEPARTMENT
12050 WOODWARD AVE.
HIGHLAND PARK, MICHIGAN 48203
(313) 252-0050 Ext. 209

FIRE PREVENTION BUREAU
25 Gerald St.
HIGHLAND,
MICHIGAN 48203
(313) 852-3221

FIRE DEPARTMENT

SYSTEM TYPE:

- CIRCLE ONE**
- COMPLETE (Entire building – includes smoke/heat detectors, pull stations, etc.)
 - PARTIAL (System with al but smoke detectors)
 - SUPERVISED (Sprinkler or duct monitoring)

PROPERTY ADDRESS & INFORMATION

STREET NUMBER _____ STREET NAME _____ UNIT NUMBER _____

NAME OF BUSINESS AT THIS LOCATION _____

APPLICANT INFORMATION:

CONTRACTOR NAME AS SHOWN ON LICENSE _____

STREET ADDRESS _____ () _____
PHONE NUMBER

CITY _____ STATE _____ ZIP _____ () _____
FAX NUMBER

E-MAIL ADDRESS (REQUIRED) _____

NOTE: ALL CONTRACTORS MUST REGISTER WITH THE CITY ON A SEPARATE FORM

PROPERTY OWNER:

FIRST NAME _____ LAST OR BUSINESS NAME _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ () _____
PHONE NUMBER

ALL REQUESTED INFORMATION MUST BE PROVIDED - INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

FILL IN THE BOX BELOW COMPLETELY
DEPENDING ON THE TYPE OF SYSTEM

FIRE ALARM SYSTEMS:

INSTALLATION COST: _____ (INCLUDE ALL COSTS INCLUDING ELECTRICAL SUPPLY)

TOTAL BUILDING SQUARE FOOTAGE: _____ # OF FIRE AREAS: _____

TOTAL # OF DEVICES: PANELS: _____

PULL STATIONS: _____

HEAT/SMOKE DETECTORS: _____

HORN STROBES: _____

OTHER DEVICE: _____

OTHER DEVICE: _____

KNOX BOX ON BUILDING?: YES _____ NO _____ (IF NO, OBTAIN APPLICATION FROM F.D.)

ARCHITECT OR ENGINEER: (IF APPLICABLE)

FIRST NAME LAST OR BUSINESSNAME NUMBER STREET NAME

CITY STATE ZIP (_____) PHONE NUMBER

(_____) _____
FACSIMILE NUMBER (REQUIRED)

SEND PLAN REVIEW COMMENTS TO THE: ARCHITECT/ENGINEER APPLICANT

ALL SUBMISSIONS ARE TO BE SUBMITTED IN ELECTRONIC PDF FORMAT. REVERSED TEXT DRAWINGS WILL NOT BE ACCEPTED.

DESCRIBE THE OVERALL SCOPE OF THE WORK

THE FOLLOWING ATTACHMENTS ARE PART OF THIS APPLICATION FORM:

- ☞ **FIRE DEPARTMENT MINIMUM PLAN REVIEW REQUIREMENTS**
- ☞ **BUILDING DEPARTMENT LOCAL REQUIREMENTS FOR INSPECTION OF FIRE PROTECTION SYSTEMS**
- ☞ **FIRE ALARM PERMIT FEE SCHEDULE**
- ☞ **FIRE ALARM PERMIT FEE WORKSHEET**
- ☞ **PERMIT PROCESS FLOW CHART**

PERMITS ARE NOT TRANSFERABLE AS TO PERSON OR PLACE AND ARE NOT REFUNDABLE. ISSUANCE OF A PERMIT DOES NOT GUARANTEE COMPLIANCE WITH ANY CODE. PLAN REVIEWS NOTE ALL OBSERVED DEFECTS AND ARE SUBJECT TO FIELD CORRECTION. COMPLETED WORK MUST BE INSPECTED IMMEDIATELY. THE APPLICANT SHALL BE RESPONSIBLE FOR OBTAINING PERMITS AND INSPECTIONS AND PAYMENT OF FEES. IF WORK IS STARTED BEFORE A PERMIT IS ISSUED AN ADDITIONAL INVESTIGATIVE FEE WILL BE ASSESSED.

SECTION 23a OF THE STATE CONSTRUCTION CODE ACT OF 1972, ACT 230 OF THE PUBLIC ACTS OF 1972, BEING SECTION 125.15321 OF THE MICHIGAN COMPILED LAWS, PROHIBITS A PERSON FROM CONSPIRING TO CIRCUMVENT THE LICENSING REQUIREMENTS OF THE STATE RELATING TO PERSONS WHO ARE TO PERFORM WORK ON A RESIDENTIAL BUILDING OR A RESIDENTIAL STRUCTURE. VIOLATORS OF SECTION 23a ARE SUBJECT TO CIVIL FINES.

APPLICANT SIGNATURE:

I HEREBY CERTIFY THAT I HAVE RECEIVED, READ AND UNDERSTAND THIS FORM AND THE ABOVE ATTACHMENTS AND THAT ALL INFORMATION PROVIDED HEREIN IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE

DATE

DRIVERS LICENSE NUMBER

DATE OF BIRTH

