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 all 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
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 FROMF.D.)

ARCHITECT OR ENGINEER: (IF APPLICABLE)

FIRST NAME ______________ LAST OR BUSINESS NAME ______________ 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 __________

DRIVER'S LICENSE NUMBER ______________________ DATE OF BIRTH ______________________
### FEE\s

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