CITY OF ORLANDO
OFFICE OF THE FIRE MARSHAL
FIRE ALARM PERMIT APPLICATION

Mail or bring this original. Payment may be made by check, credit card or money order payable to the city of Orlando.

Application type: (please circle one)   New   Renewal   (Must not be less than 10 business days before expiration date)

Applicant's Name: _____
 (Type or Print)   (Last, First, Middle)

Applicant's Telephone: (_____) _____   (_____) _____
                                        (Home)   (Work)

Applicant's Driver's Lic. No.: _____   State _____

Address of Alarm: _____

Business Name: _____ Number _____ - _____
                                                                            Telephone

Owner Name (If other
Than applicant):   _____

Owners Address: _____

Mailing address (if different) _____

Type of Site: _____ Residence _____ Business/Non-Residential _____Healthcare _____ Other

Installation of Alarm Date: _____ Alarm Company _____ Phone _____

List at least (2) individuals or alarm / security company that have agreed to respond and grant access to the alarm site within 30 minutes

Name of Contact #1: _____   Local Phone No. _____

Name of Contact #2:_____   Local phone No. _____

Name of Contact #3: _____   Local Phone No. _____

Name of Contact #4: _____   Local Phone No. _____

_____   _____
Signature of Applicant or Authorized Agent   Date

The applicant or Authorized Agent affirms that all the information contained herein is true and correct to the best of his/her knowledge. This application may be denied for false statements and/or nonpayment of all fees owed to the City of Orlando. The permit may be revoked for disciplinary reason and//or non payment of fees owed to the City of Orlando in accordance with "City of Orlando Code of Ordinance Chapter 24". Permits are valid one (1) year from issue date, unless otherwise noted, and must be renewed ten (10) days before expiration.

FOR DEPARTMENT USE ONLY

Date: _____   Permit #: _____   Permit Fee: $_____

Employee #: _____   Expiration Date: _____