

VILLAGE OF FAIRPORT FIRE ALARM PERMIT
31 SOUTH MAIN STREET, FAIRPORT, NEW YORK 14450

PERMIT # _____ Expiration date: _____ TAX A/C # _____

PROPERTY DATA	ADDRESS:	P.O. BOX
	ZIP CODE 14450 SUITE #	APT #

OWNER DATA	NAME:	PHONE:
	ADDRESS:	
	CITY, STATE, ZIP:	

ALARM TYPE	RESIDENTIAL	COMMERCIAL	OFFICE
	INDUSTRIAL	SPRINKLER	SPECIAL EXTINGUISHING SYSTEM

DIRECT DIAL	TO 911 CENTER	NAME:	
	TO CENTRAL STATION	ADDRESS:	
		CITY, STATE, ZIP:	PHONE:

DIRECT DIAL MESSAGE:

EMERGENCY CONTACT <small>(FOR ACCESS OR RESET OF ALARM)</small>	NAME	
	ADDRESS	
	CITY, STATE, ZIP	PHONE:

EMERGENCY CONTACT <small>(FOR ACCES OR RESET OF ALARM)</small>	NAME	
	ADDRESS	
	CITY, STATE, ZIP:	PHONE:

NAME OF INSTALLER:	NAME:	
	ADDRESS:	
	CITY, STATE, ZIP:	PHONE:

ELECTRICAL INSPECTION AGENCY TO BE USED	NY ELECTRIC	MIDDLE DEPT	COMMONWEALTH
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LOCATION OF ENUNCIATOR PANEL(S):

ZONES AND COVERAGE AREAS:

This permit is valid for a period of two (2) years from the date of issuance. Any change in the information contained in this permit requires that you provide the Village of Fairport with the corrected information within thirty (30) days of the change.

SIGNATURE: _____ DATE: _____

ISSUING AGENT: _____ DATE: _____