



**FIRE SPRINKLER / ALARM PERMIT
APPLICATION
CITY OF LONGVIEW**

THIS APPLICATION IS VALID FOR 180 DAYS

ADDRESS / LOCATION: _____ PERMIT # _____

FIRE ALARM / SPRINKLER CONTRACTOR: _____

GENERAL CONTRACTOR: _____

PROPERTY OWNER: _____

DESCRIPTION OF WORK: _____

IS THIS PROJECT: _____ NEW CONSTRUCTION _____ REMODEL/ADDITION

LEGAL DESCRIPTION: LOT _____ BLOCK _____ SUBDIVISON _____ UNIT _____

OR TRACT _____ SECTION _____ SURVEY _____ ABSTRACT _____

VALUATION OF WORK (ALARM): _____

SQ. FOOTAGE OF PROJECT (SPRINKLER): _____

SIGNATURE: _____

PHONE NUMBER: _____

FAX NUMBER: _____

EMAIL: _____

FOR OFFICE USE ONLY

APPLICATION FEE: _____

CHECK/CASH: _____

DATE: _____

ENTERED BY: _____