

Application Fee: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## JENKINTOWN BOROUGH

### Fire Alarm/Fire Protection Permit Application

#### 1. LOCATION OF PROJECT

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### 2. IDENTIFICATION (To be completed by applicant)

##### OWNER:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

CONTRACTOR:  Same as Owner

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

APPLICANT:  Same as Owner  Same as Contractor

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**3. ZONING INFORMATION:**

Parcel Number: \_\_\_\_\_

Zoning District: \_\_\_\_\_

Residential

Commercial

Zoning Application Submitted:  Yes

No

**4. TYPE OF IMPROVEMENT:**

Alteration

Addition

Other

If other please explain: \_\_\_\_\_

**5. DESCRIPTION OF WORK:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **Fire Alarm plans require a 3<sup>rd</sup> party electrical inspector approval prior to submission.**

**6. BUILDING INFORMATION:**

Estimated Cost of Work: \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_

Estimated End Date: \_\_\_\_\_

What is present use of the building: \_\_\_\_\_

What is the proposed use of the building:  Same \_\_\_\_\_

**7. GENERAL INFORMATION:**

Please note that State Law requires you to contact the Pennsylvania One Call System at 1-800-242-1776 at least three (3) working days prior to any digging or excavation activities either within the street right of way or on private property to allow utility companies to locate and mark their underground facilities.

Please note that 24 hours' notice must be given for any inspections. Inspections take place Monday through Friday from 8:30am to 3pm. A list of required inspections will be given to you when the permit has been approved.

Filed with this Application is:

At least two copies of all construction plans (existing and proposed)

All sub-contractor permit applications that are part of this building permit application

General Liability Insurance and Workers' Compensation Insurance with Jenkintown Borough named as the certificate holder or a notarized exemption form for each person(s) working on the job site not covered by Workers' Compensation

Does the applicant agree that all provisions of the Jenkintown Borough Building code will be complied with, whether specified herein or not?  Yes  No

Further, does the applicant certify that he/she is the owner of record of the named property, or that the proposed work is authorized by the owner of record and that he/she has been authorized by the owner to make this application as his/her authorized agent. In addition, if a permit for work described in this application is issued, he/she agrees that the authorized Code Official or that Official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.  Yes  No

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NO WORK MAY BE STARTED WITHOUT APPROVAL**

**Borough Use Only:**

Departmental Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Building Code Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Building Code Official Print Name: \_\_\_\_\_  Approved  Denied

Permit Fee: \_\_\_\_\_ Payment Type: \_\_\_\_\_

Receipt Number: \_\_\_\_\_ Permit Number: \_\_\_\_\_