

FIRE PROTECTION ALTERATION PERMIT APPLICATION

MONROE COUNTY BUILDING DEPARTMENT

501 N. Morton Rm 220, Bloomington, Indiana 47404

Phone Number (812) 349-2580

Business Name: _____

Business Address: _____

Township: _____ Section #: _____ Parcel #: _____

Applicant Name: _____ Phone #: _____

Property Owner: _____ Phone #: _____

Address: _____

Contact email address: _____

Contractor: _____ Phone #: _____

Electrical Contractor: _____ N/A: _____

Monroe County License #: _____ Phone #: _____

Scope of Work: Automatic Sprinkler system Fire Alarm monitoring system
 Hood / Hood Fire Suppression system Other _____

WORK BEING PERFORMED: _____

Will any part of the system be off-line for the purpose of maintenance? Yes ___ No ___

Will any part of the system be off-line and unsupervised at any time? Yes ___ No ___

The applicant hereby certifies and agrees as follows: (1) That I have read this application and attest that the information that I have furnished is complete and correct. (2) I understand that if there is any misrepresentation in this application, Monroe County may revoke any permit issued in reliance upon such misrepresentation.

(3) I agree to comply with all Monroe County ordinances and applicable Indiana Codes and grant Monroe County officials the right to enter onto the property for the purpose of inspecting the work permitted and posting notices.

(4) I am authorized to make this application.

Signature _____ **Date:** ____/____/____

Owner/Applicant

(03/26/19)J/Bldg./Reviews/Forms