



# FIRE ALARM PERMIT APPLICATION

Please complete all sections of this application. An incomplete application will be returned to applicant.

PLEASE RETURN TO:

Marion Fire  
Station #2  
3933 Katz Drive  
Marion, IA 52302

OFFICE USE ONLY:	
Permit #: _____	Date Submitted: _____
Fee Submitted: _____	Receipt #: _____
Date Notification and plans were sent to Building and Fire: _____	

1. **APPLICANT/CONTRACTOR INFORMATION**

Contractor: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Contact Email Address: \_\_\_\_\_

2. **GENERAL INFORMATION**

Property Address: \_\_\_\_\_  
Description of Work: \_\_\_\_\_  
\_\_\_\_\_

3. **INSTALLER INFORMATION**

Installer Name: \_\_\_\_\_ Installer Phone: \_\_\_\_\_  
Installer Address: \_\_\_\_\_

4. **SUBMITTAL INFORMATION**

License Fee Enclosed (\$70.00): \_\_\_\_\_ YES \_\_\_\_\_ NO  
Documentation Submitted (2 sets of Specs; 3 sets of Plans): \_\_\_\_\_ YES \_\_\_\_\_ NO

Any questions regarding Fire Alarm requirements and submittal documentation can be directed to the Fire Department. Please call them at 319-377-8237.