

PERMIT NO: \_\_\_\_\_

PARCEL NO: \_\_\_\_\_

DATE: \_\_\_\_\_

### FIRE ALARM PERMIT APPLICATION

Application to Install/Construct/Alter Any Fire Alarm Systems or Related Equipment.

**Property Owner:**

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

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

City: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Applicant:** *(if different from Owner)*

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

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

City: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

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**Contractor Information**

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

Contractor Registration No: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

System Designer / Architect / Engineer: \_\_\_\_\_

Monitoring Company Name: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Occupancy Type (Check one):** Residential Office/Business Mercantile Assembly  
 Industrial/Factory Educational Institutional Storage Hazardous Utility

**Building:**  Existing Building  New Construction

**Installation:**  New  Addition  Alteration  Removal  Repair  Panel Replacement  Other

Square Feet of Work Area: \_\_\_\_\_ Proposed Start Date: \_\_\_\_\_ Cost of Project: \_\_\_\_\_

Equipment being installed/replaced/or altered: \_\_\_\_\_

**Required Inspections:**

Control Panel/s: \_\_\_\_\_ Supervising Station Transmitters: \_\_\_\_\_

Initiation Devices:	Notification Devices:	Description of Work
<input type="checkbox"/> Smoke Detectors: _____	<input type="checkbox"/> Audible: _____	
<input type="checkbox"/> Heat Detectors: _____	<input type="checkbox"/> Visual: _____	
<input type="checkbox"/> Rate of Rise Heat Detectors: _____	<input type="checkbox"/> Textual Audible: _____	
<input type="checkbox"/> Duct Detectors: _____	Total Number of Devices: _____	
<input type="checkbox"/> Pull Stations: _____		
<input type="checkbox"/> Strobes: _____		
<input type="checkbox"/> Horn Strobes: _____		
<input type="checkbox"/> Auxiliary Panels: _____		
<input type="checkbox"/> Spark/Ember: _____		
<input type="checkbox"/> Waterflow: _____		
<input type="checkbox"/> Other: _____		
Total Number of Devices: _____		

**Permit Cost:** See Current Fee Schedule

*This Section for Office Use Only*

Date: \_\_\_\_\_ Codes Officer/BCO \_\_\_\_\_

Approved:  Yes  No

WEST BRANDYWINE TOWNSHIP CODE ENFORCEMENT OFFICE

198 Lafayette Road

West Brandywine, PA 19320

Phone: 610-380-8200 Fax: 610-384-4934

**CONTRACTOR'S INSURANCE VERIFICATION**

**FEE PER CURRENT FEE SCHEDULE**

DATE: \_\_\_\_\_

Contractor's engaging in any and all types of home improvements shall register with West Brandywine Township Codes Office prior to commencing home improvements within the Township. A check shall accompany completed application, made payable to West Brandywine Township.

Please complete the application in its entirety. Sign and date application, include current Certificate of Insurance naming West Brandywine Township as the Certificate Holder, specifying minimum general liability and workers compensation limits as outlined below. If you are filing a self-employment or religious exemption, and are not required to carry Workers Compensation Insurance, **please complete and have notarized the attached Affidavit for submittal along with the Application. If the Affidavit is not completed, processing of the application will be delayed. Also include a copy of your State Registration Certificate.**

The following minimum insurances are required to obtain a valid Registration Certificate:

- a. General Liability - 1) Per Occurrence - \$500,000; 2) Per Personal Injury - \$500,000; 3) Property Damage - \$1,000,000
- b. Workers Compensation and Employer's Liability - 1) Each Accident - \$100,000

**VALID FOR ONE YEAR FROM DATE OF ISSUANCE**

**CONTRACTOR INFORMATION:**

Contractor's Name: \_\_\_\_\_

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

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

\_\_\_\_\_

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

Email: \_\_\_\_\_

Names of principal partner or officer: \_\_\_\_\_

Type of Contractor: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ If you have no employees and you do not have worker's compensation insurance, please complete attached Affidavit, sign, notarize, and include with this application.

Municipalities presently certified in: \_\_\_\_\_

Certificate of Insurance attached: Yes No

**CERTIFICATION: THE ABOVE STATEMENTS ARE TRUE AND CORRECT.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

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Worker's Compensation Insurance Coverage to comply with Act 44 of 1993

**AFFIDAVIT**

**To be completed if Applicant is a contractor claiming exemption from providing Worker's Compensation Insurance, i.e. if you have no employees or claiming exemption on religious grounds, the Affidavit must be completed, signed and notarized. Contractor's Insurance Verification process will be delayed if Affidavit is not completed.**

Name of Applicant: \_\_\_\_\_

Federal or State Employer or Tax Identification No: \_\_\_\_\_

The undersigned swears or affirms that he/she is not required to provide Worker's Compensation Insurance under the provisions of Pennsylvania's Worker's Compensation Law for one of the following reasons as indicated:

Contractor and sole proprietor without employees-Contractor prohibited by Law from employing any individual to perform work pursuant to this Building Permit unless Contractor provides proof of insurance to the Township.

Contractor exempt on religious grounds qualified under Section 304.2 of the WC Act.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

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

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

**Subscribed and sworn to before me this** \_\_\_\_\_ **day of** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Notary Public**

\_\_\_\_\_  
**My Commission Expires:**