



**CITY OF EVANSTON
FIRE ALARM/SUPPRESSION APPLICATION**

909 Lake Street • Evanston • IL 60201 Ph (847)448-4311 Fax (847)866-8729

Please type or print in ink. ALL APPLICABLE LINES MUST BE COMPLETED.

Address and Name of Property: _____
(include floor/unit #'s where work is to be done. This must include a house number and street name, we do not accept street intersections.)

Use of Building:

- | | |
|---|--|
| <input type="checkbox"/> Single Family | <input type="checkbox"/> Garage: <i>Serving one/two family residences only</i> |
| <input type="checkbox"/> Multi-Family-Rental: # of units _____ | <input type="checkbox"/> Retail: _____ |
| <input type="checkbox"/> Existing Condominium | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Condo Conversion / New Condo: # of units _____ | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Office | |

Scope of Work: _____
(Be as detailed as possible, use other side if you need more space)

Work Valuation of Fire Protection Project (required for permit issuance) \$ _____

Applicant Contact:

Name: _____
Business Name: _____
Phone Number(s): _____
E-mail Address: _____

24 Hour Emergency contact during construction

Name: _____
Phone #: _____

Owner of Property:

Name: _____
Address: _____
Phone Number(s): _____
E-mail Address: _____

Architecture Firm:

Name: _____
Phone #: _____
Fax #: _____
E-mail Address: _____

Contractor Information

(Please complete the contractors necessary for this job. If the contracts are out to bid, this portion can be completed prior to permit issuance)

General Contractor: _____
Phone #: _____
Address: _____
Evanston License #: _____ Exp.Date: _____

Suppression Contractor: _____
Phone #: _____
Address: _____
IL State License #: _____ Exp.Date: _____

Fire Alarm Contractor: _____
Phone #: _____
Address: _____
IL State License #: _____ Exp.Date: _____

Hood Fire Suppression Contractor: _____
Phone #: _____
Address: _____
IL State License #: _____ Exp.Date: _____

I have completed the application honestly and to the best of my knowledge:

Applicant name (please print): _____

Applicant Signature _____ **Date:** _____