



CITY OF EVANSTON
FIRE ALARM/SUPPRESSION APPLICATION

Today's Date:

909 Lake St. Evanston, IL. 60201 Ph(847)866-5928 Fax(847)866-8729

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

Address 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 or building names. See City Engineer 866-2924 for addresses)

Use of Bldg:

- Single Family
Multi-Family-Rental: # of units
Existing Condominium
Condo Conversion / New Condo: # of Units
Restaurant
Office
Garage: Serving one/two family residences only
Retail:
Health Care
Educational
Other:

Office Use Only
Application # -00000-
Landmark / Historic District:
Yes Applicant MUST complete back of application & Pres. worksheet
No

Scope of Work (Be as detailed as possible):

WORK VALUATION (required for permit issuance) \$

Applicant/Contact: Name:

Business Name:

24 Hour Emergency contact during construction

Phone Number(s):

Contact Name:

E-mail Address:

Contact Phone:

Owner of Property:

Phone #:

Address (if different):

Architecture Firm:

Phone #:

Fax #:

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)

Office Use Only
G.C. License OK
G.C. License
Exp:
Ins/Bond OK
Ins.
Exp:
Bond
Exp:
Elec Lic. OK
Need Lic. #
Mech. Lic. OK
Mech. License
Exp:

General Contractor:

Phone #: Fax#:

Address:

Evanston License #: Expiration Date:

Plumbing/Sewer Contractor:

Address:

Phone #: IL/Chicago License #:

Electrical Contractor:

Address:

Phone #: Fax #:
City where licensed: License #:

Mechanical/Hood Contractor:

Address:

Phone #: Fax #:
Evanston License #: Expiration:

Fire Alarm Contractor:

Address:

Phone #: Fax #:
License #:

Other Contractors:

Address:

Phone #: Fax #:
License # Email:

Additional Permit Information
(Please complete the sections below that apply)

LANDMARK / HISTORIC DISTRICT

- Is the property where the work is to be done a Landmark or in a Historic District?
 If **Yes**, please answer the following questions: **No**
1. Are there exterior modifications to the property?
 Yes Explain:
 No, I will not be modifying the exterior in anyway: X _____
Sign and Print Your Name
2. If the modifications are limited only to the interior, are the changes visible from the exterior?
 Yes Explain:
 No: None of the work is visible from the exterior: X _____
Sign and Print Your Name

FENCE

FLAMMABLE LIQUID STORAGE TANK

- | | | | |
|---------------------------------------|----------------------|---|---------------|
| Height (feet and inches): | Appx. Length (feet): | # of Tanks: | # of Gallons: |
| Material: | | <input type="checkbox"/> To be removed | |
| <input type="checkbox"/> Wood | | <input type="checkbox"/> To be installed | |
| <input type="checkbox"/> Chain Link | | <input type="checkbox"/> To be Up-Graded/Repaired | |
| <input type="checkbox"/> Wrought Iron | | | |
| <input type="checkbox"/> Other: | | | |

MULTI-UNIT APARTMENTS / CONDOMINIUMS

- Are you constructing a new multi-unit residential building, upgrading an existing apartment building, or converting an existing building into apartments?
 If **Yes**, please answer the following question **No**
1. Are these residential units going to be condominiums?
 If, yes, how many units?
 You must contact The Housing Planner at (847) 866-2928 to begin the Condominium paperwork. (Required for Permit issuance).
 No, These units will not be sold as condominiums: X _____
Sign and Print Your Name

WATER/SEWER: NEW, REPAIR, OR REPLACEMENT

<ul style="list-style-type: none"> The licensed plumber named on this form is permitted to work at this location according to the City of Evanston ordinances/regulations 	<ul style="list-style-type: none"> Water/Sewer Inspection: 866-2932 	<ul style="list-style-type: none"> The Permit is only valid after City Engineer's Approval, (signature required below) and payment of all Fees. 	<ul style="list-style-type: none"> Pick-up Materials and notify Water Dept. at 555 Lincoln, 866-2945 	<ul style="list-style-type: none"> Street/Parkway Openings: Opening must be restored to original condition or better. Notify Street Dept. 24 hours in advance at 866-2940
<input type="checkbox"/> Water Service Repair/Replacement Appx. Feet in length: <input type="checkbox"/> Sewer Service Repair/Replacement Appx. Feet in length:	Number of Street Openings ?: Are you opening the parkway? Number of Parkway Openings ?:		Please check all that apply: <input type="checkbox"/> New Water Service Size of Service: <input type="checkbox"/> New Sewer Service Size of Service:	

Starting Date: _____ Completion Date: _____ City Engineer Approval: X _____

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

X Applicant Signature _____ **Date:** _____