



CITY OF EVANSTON FIRE ALARM/SUPPRESSION APPLICATION

909 Lake Street • Evanston • IL 60201 Ph (847)866-5928 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:

- 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: _____

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: _____

Evanston License #: _____ Exp.Date: _____

Fire Alarm Contractor: _____

Phone #: _____

Address: _____

Evanston License #: _____ Exp.Date: _____

Hood Fire Suppression Contractor: _____

Phone #: _____

Address: _____

Evanston License #: _____ Exp.Date: _____

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

Applicant name (please print): _____

Applicant Signature _____ **Date:** _____