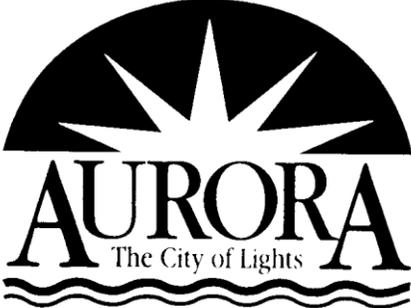


ALRM – COMMERCIAL FIRE ALARM - APPLICATION FORM

FOR OFFICIAL USE ONLY PERMIT APPLICATION NO <div style="font-size: 2em; font-weight: bold; text-align: center;">1</div> SUBMITTED _____ NOTIFIED _____ ZONING _____	TOTAL FEE _____ BLDG _____ PLRV _____ CERT _____ ARCHIVING FEE _____ APP FEE _____ WEB www.aurora-il.org FAX (630) 256-3139 TELEPHONE (630) 256-3130	 <p>DIVISION OF BUILDING & PERMITS 65 WATER STREET AURORA, ILLINOIS 60505</p>
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LAND / PARCEL INFORMATION

PROPERTY ADDRESS _____

IS THIS WORK ASSOCIATED WITH OTHER CONSTRUCTION? YES NO
 IF YOU ANSWERED YES, PLEASE PROVIDE BUILDING PERMIT NUMBER _____

COUNTY <input type="checkbox"/> KANE <small>(CHECK ONE)</small>	<input type="checkbox"/> DuPAGE <input type="checkbox"/> KENDALL <input type="checkbox"/> WILL	TOWNSHIP <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 04 <small>(CIRCLE ONE)</small>	TOWNSHIP SECTION # _____ _____ _____	BLOCK # (if known) _____ LOT# (if known) _____
--	--	---	--	---

(Call tax assessor's office with questions)

PROPERTY OWNER & CONTACT
 Contact Name _____
 OWNERS ADDRESS _____
 PHONE # () _____
 FAX # () _____
 E-MAIL _____

TENANT & CONTACT
 Contact Name _____
 ADDRESS _____
 PHONE # () _____
 FAX # () _____
 E-MAIL _____

ZONING INFORMATION OCCUPANCY CLASSIFICATION

Existing Use / Occupancy _____
 Proposed Use / Occupancy _____

- Check all Occupancy Classifications that apply below.
- | | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| Assembly | <input type="checkbox"/> A-1 | <input type="checkbox"/> A-2 | <input type="checkbox"/> A-3 | <input type="checkbox"/> A-4 | <input type="checkbox"/> A-5 |
| Business, Education, Factory | <input type="checkbox"/> B | <input type="checkbox"/> E | | <input type="checkbox"/> F-1 | <input type="checkbox"/> F-2 |
| Hazardous | <input type="checkbox"/> H-1 | <input type="checkbox"/> H-2 | <input type="checkbox"/> H-3 | <input type="checkbox"/> H-4 | <input type="checkbox"/> H-5 |
| Institutional | <input type="checkbox"/> I-1 | <input type="checkbox"/> I-2 | <input type="checkbox"/> I-3 | <input type="checkbox"/> I-4 | <input type="checkbox"/> I-5 |
| Mercantile, Residential | <input type="checkbox"/> M | | <input type="checkbox"/> R-1 | <input type="checkbox"/> R-2 | |
| Storage, Utility | <input type="checkbox"/> S-1 | <input type="checkbox"/> S-2 | <input type="checkbox"/> U | | |

PROPOSED WORK

- | | |
|----------------------------------|---|
| New Alarm System | 0 |
| Existing System: adding devices? | 0 |
| White Envelope Alarm? | 0 |
| Other _____ | 0 |

TOTAL COST OF IMPROVEMENTS \$ _____
[FOR ALARMS - PERMIT FEES ARE A FUNCTION OF CONSTRUCTION \$]

CONTRACTOR REGISTRATION INFORMATION

ALARM CONTRACTOR (Check primary contact)
CITY OF AURORA
REGISTRATION # _____ - _____

BUSINESS NAME _____
CONTACT NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
N/A PHONE () _____ - _____
FAX () _____ - _____
E-MAIL _____

ELECTRICAL CONTRACTOR (primary contact)
CITY OF AURORA
ELECT REGISTRATION # _____ - _____

BUSINESS NAME _____
CONTACT NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
N/A PHONE () _____ - _____
FAX () _____ - _____
E-MAIL _____

PLUMBING CONTRACTOR (primary contact)
CITY OF AURORA
PLUMBING REGISTRATION # _____ - _____

BUSINESS NAME _____
CONTACT NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
N/A PHONE () _____ - _____
FAX () _____ - _____
E-MAIL _____

CERTIFICATION

This is an application only. Completion of this application does **NOT** entitle the commencement of construction. I, (the applicant) agree to conform to all applicable laws of the City of Aurora. I also agree that all work performed will be in accordance with the plans and specifications as set forth in the approved permit. I understand that the approval of this application and issuance of a permit does not obviate the need to comply with all applicable laws and ordinances. I agree to hold harmless and indemnify the City of Aurora for any claim against the City as the result of any act of commission or omission by or on behalf of the undersigned, his/her agent, principle, contractor, subcontractor or supplier. I the undersigned am the Owner or a duly contracted representative of the owner of said property.

CONTRACTOR _____
(PRINT)

CONTRACTOR _____
(SIGNATURE)

OR

OWNER _____
(PRINT)

OWNER _____
(SIGNATURE)

MECHANICAL CONTRACTOR (primary contact)
CITY OF AURORA
HVAC REGISTRATION # _____ - _____

BUSINESS NAME _____
CONTACT NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
N/A PHONE () _____ - _____
FAX () _____ - _____
E-MAIL _____

