



O'Fallon Fire Rescue

Inspector

1215 Taylor Rd

O'Fallon, Illinois 62269

Phone: (618) 624-4515

Fax: (618) 632-1429

EMERGENCY DIAL 911

SPRINKLER AND FIRE ALARM PERMIT APPLICATION

Date: ____/____/____

Contractor Name: _____

Address: _____

City, State: _____

Phone 1: _____ Phone 2: _____

Fax: _____ Email: _____

The above listed person(s) hereby makes application for:

Cost of sprinkler or fire alarm installation: \$ _____

Multiply \$ 2.00 per one thousand of the installation price, plus the \$ 75.00 minimum fee

Total: \$ _____

I have read and understand the fees and terms. The installation of the above systems shall meet or exceed the latest NFPA standards and the 2018 International Fire Code.

(Applicant signature)

(Date)

(Illinois license number and design qualifications)

(Check number)

All plans and documents for the fire department shall be delivered to:

O'Fallon Fire Rescue
Attn: Fire Inspector
1215 Taylor Road
O'Fallon, Illinois 62269