



Fire Alarm Permit

Permit Date: _____ Permit No: JIFAP- _____

Residential: ___ Commercial: ___ Multifamily: ___

Property Owner: _____

Project Address: _____

Type of Work to be Conducted: _____

Alarm Company: _____

Alarm Company Contact No.: _____

Alarm Company's Lic. #: _____

Alarm Shop Drawings: Submitted: ___ Approved: ___ Denied: ___ Resubmittal: ___

Type of System: _____

Pull Stations: ___ Horn/Strobe: ___ Outside Strobe: ___ Smoke: ___ CO2: ___

I have read and understand the Jekyll Island, Fire Prevention Ordinance, Article II, Chapter 12, Section 12-27 False Alarm Ordinance and will comply with said Ordinance. _____

Permit Approved By: _____ Date: _____

A copy of the work order shall be sent to the Jekyll Island Fire Marshal's Office within 10 working days after work/inspection is performed.