

## **ALARM PERMIT APPLICATION**

DATE:			
OWNER:			
ADDRESS:		PHON	E #:
CONTRACTOR:			
ADDRESS:		PHONI	E #:
RESII	DENTAL ALARM \$50.00		
COM	IMERICAL ALARM \$	_COST	
FIRE	ALARM		
* REQUIRES PLAN	NS TO BE SENT TO THE FIRE DEPA	RTMENT	
			es, conform to the Ordinances of the City of tions of any of the provisions of said Ordinances.
SIGNATURE:		DATE:	
ΔPPROVED RV·		DATE:	EEE.

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