



Town of Sheboygan

1512 N. 40th St
Sheboygan, WI 53081
Phone (920) 451-2320
Fax (920) 451-2323

FIRE ALARM SYSTEM PERMIT

Date _____ Permit No. _____

Phone No. _____ Fee _____

Location of Structure _____

Owner _____

Owner's Address _____

Applicant Name (If different than owner) _____

Applicant Phone No. _____

Description of work to be done _____

Contractor _____ Address _____

Contractor's License Certification No. _____ Phone No. _____

Total Cost of work being done \$ _____

Total Permit Charge \$250.00

The undersigned hereby applies for a permit to do the work above described, and hereby agrees that such work will be done in accordance with the descriptions herein set forth in this statement; and it is further agreed to construct, alter, repair and install in strict compliance with the Building Ordinance and other Ordinances of the Town of Sheboygan and the State Building Code of Wisconsin and to obey any and all lawful orders of the inspector of buildings of the Town of Sheboygan. The privilege as granted above is granted only on the condition that by the acceptance of the privilege, the said undersigned, shall become primarily responsible and liable for any and all damage to persons or property caused by and arising from the grant and exercise of such privilege.

Signature _____ Date _____

This permit expires twelve (12) months from date of issuance.