



VILLAGE OF TINLEY PARK  
**FIRE ALARM**  
 PERMIT APPLICATION



*Submit to:*  
 Tinley Park Fire Prevention Bureau  
 17355 S. 68<sup>th</sup> Court  
 Tinley Park, IL 60477  
 (708)444-5200 Fax (708)444-5299



*Permit Pick-up:*  
 Tinley Park Building Department  
 16250 Oak Park Avenue  
 Tinley Park, IL 60477  
 (708)444-5100 Fax (708)444-5199

Date of Application: \_\_\_\_\_

**SUBMIT THREE (3) SETS OF PLANS**

1. **Project Type:**  NEW INSTALLATION       ALTERATION TO AN EXISTING SYSTEM
2. **Project Address:** \_\_\_\_\_ **Suite/Unit** \_\_\_\_\_
3. **Name of Business Occupying Space:** \_\_\_\_\_
4. **Project Description:**  Multi-Family     Commercial    Other: \_\_\_\_\_
5. **Types of devices to be installed:** \_\_\_\_\_

| Device/Equipment          | Quantity | Manufacturer | Model |
|---------------------------|----------|--------------|-------|
| Fire Alarm Panel          |          |              |       |
| Power Supplies / NAC      |          |              |       |
| Manual Pull Stations      |          |              |       |
| Strobes                   |          |              |       |
| Horn / Strobes            |          |              |       |
| Smoke Detectors           |          |              |       |
| Duct Smoke Detectors      |          |              |       |
| Heat Detectors            |          |              |       |
| 110V Bells / Appliance    |          |              |       |
| CO Detectors              |          |              |       |
| Valve Tamper              |          |              |       |
| Water Flow                |          |              |       |
| Pressure Switch / Low Air |          |              |       |
| Other (explain)           |          |              |       |

6. **Cost of Installation:** \_\_\_\_\_
7. **Name of Fire Alarm Company/Electrical Contractor:** \_\_\_\_\_
8. **E-Mail Address:** \_\_\_\_\_
9. **DPR State License #:** \_\_\_\_\_
10. **Address:** \_\_\_\_\_
11. **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_
12. **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_
13. **Person/telephone number responsible @ jobsite:** \_\_\_\_\_
14. **Applicant Name/Signature:** \_\_\_\_\_

Submit copy of State License and proof of liability insurance with Permit Application  
 (Minimum \$1,000,000; Illinois Department of Financial & Professional Regulation)