

Permit #: \_\_\_\_\_



**FIRE**

**Building & Code Enforcement Division**  
164 E. Lincoln Hwy. – DeKalb, IL 60115  
Phone: (815) 748-2070

**CALL JULIE 800-892-0123, (24 HOURS A DAY, 365 DAYS A YEAR)**

**FIRE PERMIT APPLICATION**

**Project Address:** \_\_\_\_\_

**Project Valuation:**  
\$ \_\_\_\_\_

**TYPE OF WORK:** ☐ **COMMERCIAL/INDUSTRIAL** ☐ **RESIDENTIAL**

☐ **Fire Alarm** ☐ New ☐ Upgrade ☐ Replacement **Number of Devices** \_\_\_\_\_

☐ **Fire Sprinkler/Suppression** ☐ New ☐ Upgrade ☐ Replacement **Number of Sprinkler Heads** \_\_\_\_\_

☐ **Hood System** ☐ Type 1 ☐ Type 2 ☐ Other: \_\_\_\_\_

☐ **Fire Alarm Panel** ☐ **Wireless Transceiver** ☐ Other: \_\_\_\_\_

☐ **Tank Storage** ☐ Above Ground ☐ Under Ground **Tank Size** \_\_\_\_\_ **Contents** \_\_\_\_\_

- ✓ **All Contractors must be registered with the City of DeKalb prior to permit issuance.**
- ✓ **Provide Drawings, Product Data, & Location Map Required.**

**Applicant to mark correct box below:**

**BUSINESS / PROPERTY OWNER INFORMATION**

☐

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**FIRE CONTRACTOR INFORMATION**

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Building/Forms 8.2023

**SIGNATURE OF APPLICANT:** 

**Date:** \_\_\_\_\_