



DEVELOPMENT SERVICES DIVISION

620 SE MADISON | 3RD FLOOR | TOPEKA KS 66607 | 785-368-3704

SUBMIT ALL MATERIALS TO: DSDpermits@topeka.org

APPLICATION FOR FIRE PROTECTION SYSTEM PERMIT

Project Location/System Information

Project Address: _____ Suite: _____

Type of Work: Alarm Sprinkler Alternative Suppression Hood Suppression Smoke Control

Type of Work: New Addition/Alteration Replacement Emergency Repair Other _____

Building Permit Number (if associated with project) _____ Estimated Completion Date _____

Written Description of Proposed Work

Provide: 1 complete set of digital design documents submitted electronically to DSDpermits@topeka.org ; if digital set is over 15mb please submit with link to download documents. All documents are required to be signed/sealed by the design engineer or a minimum of NICET III certified individual (fire alarm only). License or certification number is required to be provided on plans. Plans shall be approved prior to the installation of the system.

APPLICANT:

Name: _____
(Please Print)

I am the:

- Property Owner Contractor
- Employee of: Owner Contractor Other
- Other: _____

PROPERTY OWNER:

Name: _____
 Company Name _____
 Mailing Address: _____
 City: _____ State: ___ Zip: _____
 Phone #'s: w. _____
 Cell: _____ Fax: _____
 Email: _____
 Address: _____

CONTRACTOR:

Company Name: _____
 City: _____ State: ___ Zip: _____
 Phone #'s: _____
 Cell: _____ Fax: _____
 Email: _____
 Project contact person: _____
 City License #: _____
 ENGINEER/DESIGNER:
 Company Name: _____
 Address: _____
 City: _____ State: ___ Zip: _____
 Phone #'s: w. _____
 Cell: _____ Fax: _____
 Email: _____
 Project contact person: _____
 License or NICET Registration #: _____

Statement of Understanding:

Yes – I understand that the location of the structure is the responsibility of the contractor and/or owner and that said structure shall be placed in accordance with the approved plan and Topeka zoning regulations.

Yes - I certify that the information provided to be true and correct and agree to comply with all pertinent City of Topeka codes, ordinances and regulations. By the execution of this application, I understand that I/the contractor am/is responsible to call for all required inspections. I also consent to have the City of Topeka personnel enter onto the premises legally described herein for the purpose of inspecting the premises for compliance with all applicable City codes, during normal business hours.

Yes – I understand that all inspections must be completed and approved. If a certificate of occupancy is required, said certificate must be issued PRIOR to occupancy.

Signature of Applicant

Printed Name of Applicant

Date